



PharmPAC Perspectives



Pharmacist Professional Advisory Committee

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PAC Chairs' Corner

Contributed by:

*CDR Michael Crockett, PharmPAC Chair
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Hello, and welcome back once again to *PharmPAC Perspectives*, our pharmacy category newsletter. As you know, this is the place where you will find lots of information about issues affecting the Corps and our Category. Speaking of things happening within the Corps, it seems there has been a flurry of activity since our last newsletter. I sincerely hope that you were able to make it to the Scientific & Training Symposium in Glendale, Arizona. Despite the financial hardships faced by all those in attendance I can say the mood was very energetic and positive. There are other topics of news within the Corps that may give cause for anxiety, and I'd like to examine that with you at this time.

Take a look back through the history of the Corps and you will see one constant throughout our long history. That constant is of course change! It is often said that change is the only constant in life and the Corps is certainly no exception. Within the last few years look at the tremendous changes that have taken place from transformation, to the consolidation of many offices into DCCPR, to new systems for billets and COERs. You could even point to the changes in the government's fiscal situation as an example of how

things always change. And yet, through all these changes so many things stay the same. As we face the departure of our 18th Surgeon General, VADM Regina Benjamin, I want to encourage you, my fellow officers, to focus on these constants.

What constants are there you might ask? There will always be underserved and vulnerable populations within our own country and abroad that need us. There will always be disasters, whether man-made or natural, demanding the kind of response that only the Commissioned Corps can provide! In fact, we are the only full-time service capable of providing a large scale medical response in the entire world. There will continue to be regulatory needs and opportunities to protect the health and safety of our fellow Americans.

I was very lucky and honored to have had the opportunity to have a brief encounter and discussion with former Surgeon General, VADM Richard Carmona during the recent 2013 Scientific & Training Symposium. His passion for the Corps was still very evident as he shared his wisdom and leadership. His words left an indelible mark on me when he said, "We serve one President, one Surgeon General and no matter what,

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PAC Chairs' Corner (con't.)

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we have to keep the mission moving forward.”

We also have our *Corps Values* to guide our path and our unchanging principles that stand the test of time. It is during times of uncertainty and difficulty when we should rededicate ourselves most to our Corps. Trials and tribulations at their best force us to recalibrate ourselves and re-examine what matters most. I submit to you that the Corps will always be best served when we, as officers, strive to emulate: Leadership, Integrity, Excellence, and Service.

Speaking of leadership, I also had the distinct honor of speaking with our current Acting Surgeon General, RADM Boris Lushniak at the Scientific and Training Symposium. It is with great pride that I tell you he is one of the most dynamic, yet humble and real people you will ever meet. The Corps has a long legacy of devoted, passionate leaders and we are poised for that legacy to continue for many years. I encourage you to read about the things going on within the Corps that are beyond your horizons and to dedicate yourself to the Mission!

With Pride,

Mike

Since our newsletter falls after the Independence Day holiday, I didn't want to forget to acknowledge all those federal pharmacists who spent the 4th of July at work taking care of patients, acting as administrators, and making sure there was continuity in the workplace. Yes, many of us were fortunate to enjoy the day with family and friends, but I wanted to recognize those that stayed behind. I hope that you can identify what your service brings to the PHS and the people we serve. Whether it's counseling on meds, running a pill line, performing a physical assessment, working on a regulatory project, or preparing for a natural disaster, every pharmacist touches someone else's life. It's a rewarding feeling to know that you have made a positive change. It might even make it easier to understand that even though we go through uncertain, changing, and

sometimes unbearable times, hopefully our work stands out and drives us to support and complete our missions. With that said, I would like to congratulate all our pharmacy officers on their well-earned promotions. Thank you for working the long hours, thank you for your generosity, and thank you for passing on the PHS spirit of leadership! We all look up to you and are very proud of you!

Marisol



Pharmacy Spotlight

CELEBRATING DIABETIC SUCCESS

Contributed by:

CDR G. Brent Hobbs, LCDR Mark Rayburn
Indian Health Service

Background

Commander Hobbs writes a monthly story of encouragement entitled, *Celebrating Diabetic Success* at the Whiteriver Service Unit. He is an Advanced Practice Pharmacist working in Whiteriver, Arizona and serves as a liaison with the Diabetes Collaborative Care Team. CDR Hobbs has a gift of connecting with patients which encourages individuals to share their story. He selects individuals who have at least a two point drop in their Hemoglobin A1C, to learn effective strategies that helped in achieving their goal.

The motivation behind CDR Hobbs wanting to collect and share these stories was in response to the predominantly negative focus on diabetes. He tried a new approach of focusing on the positive side of diabetes and encouraging individuals to share what worked for them in managing their diabetes. The

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Pharmacy Spotlight (con't.)

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irony about these stories is that as a pharmacist, CDR Hobbs recognizes the value of medication in managing diabetes, but he chooses to focus on the bigger impact lifestyle modifications have in diabetes management.

“A Patient’s Story”

Can you remember the last time you went hiking or walked through a stream in the great White Mountains? Our patient this month enjoys these outside activities. He lives in Whiskey Flats, has six people in his household, and has had diabetes for four to five years. He is currently only taking metformin for his diabetes.

Changing eating habits has been the key to controlling our patient’s blood glucose. He shares, “Yes, I changed my eating habits, I substitute Equal for sugar. I stopped drinking soda. I stopped eating canned fruit with sugar as well as candy. Now, I eat fruits and drink more water. I try not to eat red meat. I like to eat more fish, turkey, and chicken. I don’t eat too much fry bread, but I do eat ash bread or tortillas. I also eat wheat bread.”

He also emphasizes that staying active is important, “I operate a tractor so I get a lot of physical work climbing in and out of the tractor. I also move around a lot every day. I have lost a lot of weight. I go hiking whenever I get a chance though not too often because of my work schedule. I go about 1-2 times a month. I like to take family and friends or go by myself. I like to climb mountains. This morning I went hiking south of Lakeside.”

This patient mentions that the motivation for his changes has been that he has seen how others have handled diabetes, “I see them really sick. Some lose limbs and I wasn’t going to give in to that. They have these problems because they don’t eat right, and they don’t take their medications or exercise. My wife is a diabetic, and she is doing well like me. She eats the same as me.”

Our patient’s biggest challenge is that it took a while to accept having the diagnosis of diabetes. He says, “Once I accepted it I started obeying the doc-

tor. The doctor told me to exercise (walk) more. When I am not working I walk about 2 miles a day, however I work six to ten hour shifts.”

According to our patient these changes have been worth it, and he will continue these efforts. He mentions, “Yes, I am going to keep up doing what I am doing. I feel a lot better. I feel healthy, content, satisfied, and happy. Before, I felt lousy and lazy. I think it has been worth making the change. I regret that I didn’t understand nutrition in the first place.”

Conclusion

CDR Hobbs hopes that by celebrating the success of their patients who have diabetes, they can work towards controlled diabetes rather than allowing it to control them. He feels so fortunate to live in the beautiful White Mountains of Arizona; to build memories with the community there, during rodeos, sunrise dances, or other activities. By improving the health of the community, he believes that they will be “healthy, content, satisfied, and happy” as they stay active, eat healthy and follow their doctor’s advice in taking medications.



CDR G. Brent Hobbs, IHS,
Whiteriver, AZ

Pharmacy Spotlight (con't.)

ANMC Pharmacy Pioneers Discharge Counseling in the Last Frontier

*Contributed by:
LCDR Kara A. King
Indian Health Service*

The Alaska Native Medical Center (ANMC) Pharmacy in Anchorage, Alaska is constantly looking for innovative ways to improve health care for Alaska Native and American Indian people. Earlier this year, the ANMC Pharmacy began a Discharge Pharmacy Program to eliminate gaps in the care transition process and identify drug therapy problems in order to improve care transitions. ANMC was the first local hospital to implement such a program.

When a patient at ANMC is ready for discharge, the discharge pharmacist is notified and the patient's medications are reviewed, drug therapy recommendations are made as needed, and prescriptions are filled, checking for any drug interactions and appropriateness of therapy. A pharmacist then meets with the patient at bedside to provide medication education. CDR Lara Nichols, ANMC Discharge Pharmacist, has provided discharge counseling to nearly 1,750 patients receiving over 5,600 prescriptions since the program started in February.

"Having pharmacists involved in the discharge process has really helped our patients better understand their medication," said Nichols. "This has ultimately improved patient care by decreasing adverse drug events and helping prevent patient hospital readmissions. It has also increased patient satisfaction as they seem to like the added personal touch of bringing the prescriptions to them."

Medication education is one of the most important roles of a pharmacist. "Pharmacist counseling at the bedside can make a huge impact. It can decrease patient anxiety surrounding hospitalizations and increase patient satisfaction in general, as the patient is able to have his or her questions answered and concerns addressed right then and there," said LCDR Kara King, ANMC Outpatient Pharmacy Manager. "It is our responsibility as pharmacists to open the lines of communication about medication with our patients."

The goals of the ANMC Discharge Pharmacy Program truly align with the organization's vision that Alaska Native people are the healthiest people in the world.



Back to Pharmacy School: A Teaching Opportunity

*Contributed by:
LCDR Kelly S. Ngan
Food and Drug Administration*

The technology in the lecture halls has vastly changed from the time I attended pharmacy school over ten years ago. Students usually take notes on their laptops rather than by pen and paper, and they now come to professional school with increasingly more advanced degrees and life experience. On the other hand, little has changed about a pharmacy school student's need to have an important therapeutic topic illuminated and explained by a dedicated and engaging teacher. Also unchanged is how rewarding such a teaching experience can be for both learner and lecturer.

Before I entered the US Public Health Service Commissioned Corps and worked at the Food and Drug Administration (FDA), my title was "assistant professor of pharmacotherapy" at the University of Maryland-Baltimore School of Pharmacy. When I left academia to join the public health field, I knew that I still wanted to return to the university to teach. Accordingly, since 2010 I have lectured on Hypertensive Crisis in the didactic critical care elective taken by third-year pharmacy students at the University of Maryland School of Pharmacy. The class is entirely case-based; therefore, every year my lecture duties involve creating learning objectives and a patient case that are used for both a pre-class assignment and as a guide for the lecture. I also review the new medical literature for topics each year and select appropriate studies or review articles as pre-class readings. Despite the students' general preference for organized slideshows and handouts, I prefer to teach via an active-learning style, asking the students key ques-

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Pharmacy Spotlight (con't.)

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tions about the topic, then filling in their knowledge gaps and writing key points down on the board. Rather than merely listing out disease characteristics or potential treatments, I focus on explaining rationale and mechanisms while at the same time presenting “real-world” clinical pearls. Following the class every year, I create new case-based questions for my portion of the final exam.



LCDR Kelly Ngan lectures on Hypertensive Emergency to a group of third-year student pharmacists at the University of Maryland, Baltimore



As a volunteer activity, giving a pharmacy school lecture accomplishes several things for me: it offers me a unique teaching opportunity that I do not have when I precept one student at a time at the FDA, it keeps my clinical and large-group lecturing skills sharp, and it gives me a platform to share information

about the Corps as a career option. As a practicing pharmacist, being able to impart an understanding of a new topic to a student who will one day rely on what you taught them is very gratifying. And for those officers who spend their days in administrative billets, teaching a clinical lecture can offer you a change of pace! I would therefore encourage other USPHS pharmacists to volunteer to teach a topic you're interested in or particularly knowledgeable about at your local pharmacy or medical school. Colleges generally welcome visiting or adjunct faculty to lighten the teaching load on their full-time professors, and students often desire the chance to be taught by pharmacists on the “outside” who can also provide them with unique career perspectives and advice. Finally, since teaching a topic to others always results in your own learning and growth as well, teaching in a classroom will ultimately make you a better pharmacist and officer.



Fort Worth Expands Clinical Pharmacy Services

Contributed by: LCDR Renee Adams,
LCDR Stephen Rabe
Bureau of Prisons

Federal Correctional Institution (FCI) Fort Worth is located within the Dallas-Fort Worth metropolitan area and houses approximately 1,900 low security male offenders. FCI Fort Worth is undergoing transition from caring for moderately complex patients, to caring for patients with more advanced disease states. Also, the recently added long-term care unit of 40 residents has a current goal of 40 more residents over the upcoming year. These changes have occurred over the last 20 months and coincide with the retirement of the prior pharmacy staff, addition of two pharmacist positions and implementation of advanced clinical pharmacy care. The pharmacy at FCI Fort Worth is a four-pharmacist, three-technician facility. Pharmacy responsibilities have increased from production oriented with complete access to the patient's federal health record to the addition of several advanced clinical programs and direct patient interac-

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Pharmacy Spotlight (con't.)

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tion. These programs include a pharmacy based anticoagulation clinic, long-term care chart reviews, interdisciplinary rounds, and the development of a diabetes and pain management program. With the support of management and physicians, pharmacists have been able to take a more active role in patient care and in clinics.

LCDR Adams attended the IHS Claremore Anticoagulation Training program in 2011. Utilizing this training, he prepared protocols, garnered provider support, and initiated the anticoagulation clinic in the fall of 2011 with a collaborative practice agreement. LCDR Rabe attended training in the spring of 2012 and joined the service thereafter. The locally written and approved protocol is based on the 2012 CHEST guidelines. Patients are added to the clinic through an electronic referral from their provider. As of June 2013, the clinic serves twenty eight patients. Enrollment continues and clinic population fluctuates with intake, release and transfer of patients. The pharmacists conduct a full educational session upon referral and perform a clinical encounter at least monthly. At each visit, the pharmacist reviews vitals, obtains an INR, interviews the patient, renews current therapy or writes new orders, and submits the clinical encounter to a cosigning physician. The pharmacists are able to order both medications and laboratory tests for the management of enrolled patients. To monitor outcomes and to measure therapeutic effectiveness, Time in Therapeutic Range is reviewed monthly and is reported to the Pharmacy and Therapeutics Committee.

The recently created long-term care unit houses 40 patients with significant medical needs. The patients cover a range of ages, disease states, and health problems. The patients' advanced disease states offer pharmacists a key role in pharmaceutical interventions including pain management and drug utilization review. Patient cases are discussed on a rotational or as needed basis and the pharmacist is a member of the interdisciplinary team. The pharmacists collaborate with the nursing staff, religious services, dietitian, physical therapist, physician(s), and social worker. A pharmacist speaks with each patient and reviews their medical chart once monthly. Pharma-

cists provide direct drug information and education on disease states to each long-term care patient and make recommendations to the physicians through clinical encounters in the patient chart and in person during patient case discussions.

Diabetes is another disease state in which our pharmacists are expanding their involvement. Currently, LCDR Adams and LT Mathoslah are working with the dietitian on a diabetes education course. This course includes six classes, pre- and post-course assessments, patient involvement, and is focused on providing an introduction to diabetes and treatment medications. Pharmacists are involved with providing patients information about their hemoglobin A1C, cholesterol, and blood pressure during their first educational session. The diabetes education sessions are designed to increase patients' understanding of diabetes, long-term complications, medication therapy options, and to increase patient buy-in and ownership.

Two additional areas of pharmacist involvement include pain management and hepatitis. LCDR Adams is currently taking the American Society of Consultant Pharmacists Foundation Pain Management Traineeship course on pain management and building on significant experience in pain management and hospice care from the private sector. She will act as a consultant to local physicians and mid-level providers as well as develop educational treatment aides. LCDR Rabe assists providers in the management and monitoring of local hepatitis cases as well as serving as the Regional Hepatitis Clinical Pharmacy Consultant for the Northeast Region of the Bureau of Prisons.

The change and growth of the local patient population has allowed for increased clinical involvement of the pharmacy. The pharmacy at FCI Fort Worth is transitioning from a focus on retail production to a pharmacy that provides both product-based and clinical services. The department has gained additional clinical responsibilities with the support and acknowledgement by administration and physicians of the integral role pharmacists hold in the healthcare team.

Note: Opinions expressed in this article are those of the authors and do not necessarily represent the opinion of the Federal Bureau of Prisons or Department of Justice.

Healthy Lifestyle and Fitness

Finding Your Motivation

Contributed by: LCDR Khang D. Ngo
Indian Health Service

Many of us enjoy participating in sports and other fitness activities; however, finding the motivation to stay continuously active throughout the year is a challenge. If you are like me, working out in the gym, going out for a run, or joining friends for an outdoor sport is invigorating, but it's the act of being disciplined that can be so difficult on certain days. I absolutely enjoy the adrenaline rush of plowing down a snowy mountain, the flow I feel when I am cycling or running, or the intensity and satisfying muscle burn when I'm pushing through some weights. When I exercise, I have more energy throughout the day, my clothes (and uniform) fit better, I am more focused, and I feel less stressed.

So how can you stay motivated to keep in shape? The secret to my success is to use sporting and fitness events to train and reach my goals. The chance of me exercising is much higher when I know I need to train for an event, or suffer the consequences on race day. Here are my recommendations. First and



foremost, find an event that serves a purpose for you. It may be a new sport you would like to try such as a triathlon, a cycling event that benefits a cancer fund, or a marathon that pushes you beyond other races you've done in the past.

LCDR Khang Ngo at the start of the annual Quinault Rain Forest Bike Ride

Second, plan on completing one every few months, or whatever fits your schedule and level of fitness, so that you can maintain a momentum. Next, find friends, family members and co-workers who would like to join you. If it's a new sport, you may wish to seek expert guidance as far as training exercises to consider.

Finally, work out a schedule and plan to train accordingly well in advance of the event.

If scheduled events are new to you, think about starting with something small. If you jog a mile or two comfortably, plan to complete a 10K race. If you normally run three to four miles, go for a half marathon. If five miles is a typical run for you then go for the gusto with a full marathon. The key is to find events that match your fitness goals as well as challenging enough to fuel your training regimen to complete them successfully. Once you've gained this momentum, repeat the process. For me, it's finding a balance between staying fit, having a good time, and testing my limits.

So what has 2013 looked like for me, and what's next? I completed the Heroes Half Marathon in the spring. Recently, I completed a cycling event to benefit the Quinault Cancer Fund, and I am training for the 200-mile Seattle to Portland cycling classic later this summer. My friends and I will be cross-training for the Tough Mudder Seattle event in the fall. All the while, I will be training for my first alpine climbing ascent in the Cascade Mountains during winter. So get out there and find your next event and motivation to keep you moving. Train to reach your fitness goals. Enjoy your accomplishments!



LCDR Khang Ngo at the finish line of the Heroes Half Marathon



Healthy Lifestyle and Fitness (con't.)

Walking the Walk the Alaska Way – In the Snow, Darkness, or Midnight Sun

Contributed by:

*LCDR Anne Marie Bott, Lcdr Brittany Keener,
LCDR Ashley Schaber
Indian Health Service*

Staying fit while having fun is the motto for the Anchorage female Pharmacy Officers. While Alaska may seem cold and dark in the winter and sunny all day in the summer, the lady Pharmacy Officers are consistently outdoors exercising as a team.



Anchorage Ski for Women 2013:

LCDR Katie McKillip, CDR Judy Thompson, LT Della Cutchins, Lcdr Brittany Keener, LT Madalene Mandap, Lcdr Aimee Young, LT Jessica Thompson, Lcdr Ashley Schaber, Lcdr Kara King, Lcdr Sara Doran-Atchison, Lcdr Christina Eldridge, Lcdr Anne Marie Bott, Lcdr Doan Nguyen

During the winter, the pharmacy officers participate in the annual Alaska Ski for Women, dressed in costumes to support Abused Women in Crisis. The pharmacy team dressed as a rack of pool balls, cross country skied 4K, and placed honorable mention in 2013 group costume contest. In April, pharmacy officers participate in the American Heart Association Heart Run 5K.

The summer is filled with even more activities. May leads to longer days and increases in distance

with the Gold Nugget Triathlon, swimming 500 yards, biking 13 miles and running 4 miles, and the Twilight 12K. In June, the team participates in the Alaska Run for Women 5 mile run, the Color Run 5K, and the Mayor's Midnight Sun races (including a half marathon and 4-miler event). Officers also participate in the Ride for Life, a 121 mile bike ride from Anchorage to Seward.

Officers in Alaska are fortunate enough to be able to walk out their front door and bike, run, hike, cross country ski, or snowshoe. Keeping each other accountable and motivated along the way helps officers remain active outside in the winters and prepare for the long summer days. Working out together and participating in local events promotes teambuilding, enhances our friendships and makes the Annual Physical Fitness Test easier. No matter what events we participate in, we always push each other and have fun!

“People rarely succeed unless they have fun in what they are doing.” – Dale Carnegie



Mayor's Run, Anchorage, Alaska, 2013: Officers include Lcdr Brittany Keener, Lcdr Anne Marie Bott, CDR Judy Thompson, CDR Kristen Maves, Lcdr Ashley Schaber

Healthy Lifestyle and Fitness (con't.)

ULTRAMarathons!

*Contributed by: LT Steven Rodgers
Indian Health Service*

I thought it would be nice to share my new venture into Ultramarathons, as I have just completed two in the past six weeks.

This venture was spurred from a conversation I had at the park with a father who was there with his kids. I shared my love for running and he asked if I had ever thought of running further than a marathon. He had recently developed an interest in ultramarathons. To be honest, I had run one single marathon and “bonked” at mile 18, so I was skeptical. He encouraged me to think about it.

Within a couple of weeks I signed up for the Cedro Peak Ultramarathon. This was not a true Ultramarathon, considering it was a 45K, which is only two miles longer than a marathon. The caveat was that there was a 4100 foot elevation gain and loss at a higher altitude on a technical course.

Race morning arrived, and on the drive up, I had to question my sanity. I encouraged myself to just finish. We were gathering at the start line and I noticed a young lady who just snuck out of her sleeping bag. (She ended up winning on the women’s side and had biked up there the night before as she doesn’t own a car).

The race was off and I started very conservatively. At the first aid station I was behind about 15-20 people. As we continued, I slowly gained, but knowing the furthest I had ever run was three hours and 30 minutes, I felt I was going to “bonk” at any moment. At about mile 16 I was in 7th place and still had some energy. I gained on a few others through the tough uphill end of the race and ended up finishing 3rd overall. I finished in four hours and 30 minutes, about 20 minutes behind the winner. I was very happy with my finish, but in shock that I could really do this. My family was there and my wife said she didn’t expect to see me so soon. What a great feeling!

In fact, I had already signed up for a half-marathon trail race to be held six weeks after this event, and contacted the race director to see if it would be ok to progress to the 50K. With his approval, I began my next ultramarathon adventure,



LT Steven Rodgers during the 2013 Cedar Point Run

only a short six weeks later. This race included a 6800 foot elevation gain and loss in the Jemez Mountains. I was 4th to the peak at 10,400 atop the Pajarito Mountain, but didn’t realize how tough downhill running could be and ended up getting passed by seven people en route to the finish. I was still happy to just finish this killer course. While speaking with some seasoned veterans, I realized that I really could do this!

It has been quite the journey and I strongly feel that being active in our lives physically is important for us as members of the Public Health Service.

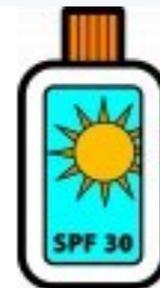
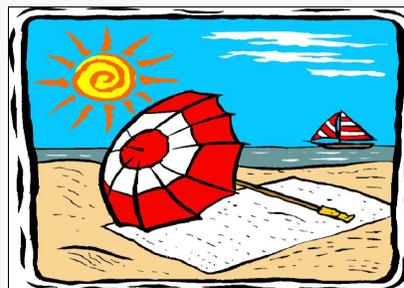


LT Steven Rodgers, Jemez Mountain race 2013

Healthy Lifestyle and Fitness (con't.)

Don't Get Burnt!

Contributed by:
LT William Lehault
Food and Drug Administration



Summer is just around the corner. If you are anything like me, this means a lot of time outside enjoying the sunshine. Whether training or just relaxing, it is important to apply sunscreen to all exposed skin before heading out into the sun as over 2 million people are diagnosed with skin cancer annually.¹ Many of these cancers could be prevented simply by decreased sun exposure.

When sunlight makes contact with your skin, you are being introduced to both ultraviolet A (UVA) and ultraviolet B (UVB) rays. UVA rays are the main cause of aging while UVB rays cause sunburns. Overexposure to either can lead to skin cancer. Use of sunscreen can reduce one's exposure to these harmful rays.

Sunscreens are measured by their Sun Protection Factor (SPF). Many people believe that SPF 30 sunscreens are twice as effective at blocking the sun's rays as SPF 15 sunscreens. This is not the case. While SPF 15 filters out approximately 93% of all incoming UVB rays, SPF 30 filters out 97%, and SPF 50 boosts that number slightly to 98%. And, no matter the SPF, all sunscreens need to be reapplied at the same frequency.

When stocking up on sunscreen this year, you will likely notice some positive changes to the wording on the labels. This is due to the newly implemented regulations from the Food and Drug Administration (FDA). The FDA is attempting to make labels more informative and eliminate misleading phrasing. The agency has mandated a removal of the term "sunblock" as no sunscreens block all of the sun's rays. They banned the phrase "Waterproof" as no sunscreens are completely waterproof. The term "Water-Resistant" will be used to replace it. "Broad Spectrum" will now appear on the labels of products that filter out both UVA and UVB rays. SPF's <15 will now carry a Skin Cancer/Skin Aging Alert in the Drug Facts section of the label stating the sunscreen will only prevent sunburn and will not reduce the risk of skin cancer and early skin aging.

The American Academy of Dermatology recommends the use of a Broad Spectrum sunscreen that protects against both UVA and UVB rays, the use of SPF 30 or higher, and the use of a product that is Water-Resistant. They recommended putting on sunscreen prior to going into the sun and reapplying every two hours, after swimming or heavy sweating. For more information see their website at <http://www.aad.org/media-resources/stats-and-facts/prevention-and-care/sunscreens>.

1. American Cancer Society. Cancer Facts and Figures 2011 <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-029771.pdf>



Career Development

Up-to-date Pharmacist Career Development Guide

Contributed by: CDR Mark S. Miller
Food and Drug Administration

In November 2011, several experienced pharmacist officers representing various Operating Divisions formed a workgroup to significantly revise and update the *Career Development Guide* for Pharmacist Officers within the US Public Health Service Commissioned Corps (Corps). Following months of collaborative effort, the workgroup created an up-to-date *Guide* that was approved by the Pharmacist Professional Advisory Committee (PharmPAC) in April 2013. All sections of the *Guide* were rewritten to reflect the Corps' new organizational structure and recent policy changes, to provide current hyperlinks, and most importantly, to improve readability. The workgroup will maintain the *Guide* on an annual basis by verifying all the information is accurate and up-to-date. Along with other important resources, the *Career Development Guide* and *Career Progression Chart* will be available to pharmacist officers on the PharmPAC website at: [USPHS PharmPAC - Career Development Guides](#). The PharmPAC would like to recognize the following officers for their efforts on this workgroup:

CAPT Michael Shiber, Bureau of Prisons
CDR Mark S. Miller, FDA
CDR Jeff Mallette, Bureau of Prisons
CDR Aaron Middlekauff, U.S. Coast Guard
CDR Diem Ngo, FDA
CDR Jeff Fredy, Indian Health Service



SRCOSTEPs Graduate into Practitioners

LT Eric Wong, LT Rumany Penn
Bureau of Prisons

Around the country, summer begins as school ends. For those in the Classes of 2013, the start of summer this year also marked the start of their ca-

reers. On May 17, 2013, the University of Maryland, School of Pharmacy graduated a class of 160 newly minted pharmacists. As a finale, four PHS officers working in conjunction with the School incorporated our promotion ceremony into the day's Convocation ceremony.

How did this happen? Last year, we proudly donned our PHS uniforms and solitary ensign stripe as selectees for the Senior Commissioned Officer Student Training and Externship Program (SRCOSTEP). On graduation day, we took our Oath of Office before an audience of family, friends, students, and faculty who all joined us in celebrating our promotions from ensigns to lieutenants. Our School's University Points of Contact (UPOC), CAPT James Bresette, CDR Juliette Toure, CDR Kofi Ansah, and LT Katie Watson graciously planned and led our ceremony. CAPT Bresette offered an address that reminded us of the unique trust we have as PHS officers and called us to continually seek excellence as pharmacists and as officers. As fellow alumni, we thank them. As fellow officers, we acknowledge their example of service and the inspiration for us to continue to pay it forward in our careers. We are proud to have joined a Corps that cares to develop and lead its junior officers.

We had the opportunity to work with USPHS officers in a variety of agencies including the CMS, the FDA, and the IHS over the course of our final professional year. To the officers from whom we learned, thank you, and please continue to be mentors and UPOCs because you have had a great impact on our pathway. To officers who have not yet precepted students, we encourage you to consider becoming a preceptor because from first-hand experience, you can help guide students -whether or not they are considering a career with the USPHS.

As we begin our USPHS careers at Federal Correctional Institution (FCI) Tallahassee (LT Penn) and Federal Medical Center (FMC) Carswell (LT Wong), we will continue to pay it forward. If you know of any current students who would like some

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Career Development (con't.)

(Continued from page 11)

perspective on the SRCOSTEP process, please do not hesitate to put them in contact with us.

LT Rumany Penn -FCI Tallahassee

rpenn@bop.gov

LT Eric Wong - FMC Carswell

e3wong@bop.gov



CAPT Bresette, CDR Ansah, CDR Toure, LT Watson, LT Wong, LT Penn

PharmPAC Highlights

Administration Section

Nominations were solicited from pharmacists who were interested in serving on the PharmPAC as voting members. Anticipated openings for the 2013-2016 term are listed below. Junior officers and civil service pharmacists were encouraged to apply.

Openings for three-year terms beginning 01 November 2013 for PHS pharmacists serving in the following organizations include:

PAC Vacancies (voting):

Center For Disease Control (CDC)	(1 opening)
Centers for Medicare & Medicaid Services (CMS)	(1 opening)
Division of Immigration Health Services (DIHS)	(1 opening)
Health Resources and Services Administration (HRSA)	(1 opening)
Indian Health Service (IHS)	(2 openings)
Coast Guard (CG)	(1 opening)
Office of the Secretary (OS)	(1 opening)
Bureau of Prisons (BOP)	(1 opening)



The PharmPAC sponsors annual awards to recognize those in the pharmacy profession who stand out as leaders in our category. The PAC Honor Awards have been awarded to extraordinary pharmacists since 1986. The 2013 Pharmacy Honor Awards are listed below, please join us and congratulate the recipients of the most prestigious awards provided by the PharmPAC.

The **Allan J. Brands Pharmacist of the Year Award (Clinical)** recognizes the achievement of pharmacists in the PHS that provide patient care or advance clinical pharmacy services, with primary emphasis on activities accomplished within the past 12-18 months.

2013 Award Winner:
CAPT Donald L. Branham,
Indian Health Service

The **Mary Louise Andersen Leadership Award** recognizes the achievements of pharmacists in the PHS in non-traditional or administrative roles, with primary emphasis on activities accomplished within the past 12 to 18 months. This award was renamed

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PharmPAC Highlights

(Continued from page 12)

from 'Pharmacist of the Year Award (Non-Clinical)' to honor Mary Louise Andersen, in order to recognize her leadership roles throughout her illustrious pharmacy and federal government careers.

2013 Award Winner:

CDR Christina C. Meade,

Health Resources and Service Administration

The **U.S. Public Health Service Pharmacy Professional Advisory Committee Managerial Excellence Award** recognizes a U.S. Public Health Service pharmacist who has improved pharmacy service or the public's health through managerial excellence, with primary emphasis on activities accomplished within the past 24 months. This award is targeted on selection of a mid-career individual. For PHS officers this means an officer at the CDR or lower grade.

This award was previously sponsored by the George F. Archambault Foundation until 2011. The George F. Archambault Foundation exists to support the advancement of Public Health Pharmacy. The foundation was established in 1999 to honor the distinguished career of CAPT George F. Archambault (Ret.) with a personal emphasis on vision, leadership, growth and advanced education. Even though this award no longer provides a grant to the recipient for further training in administration/management, the PharmPAC decided to continue the recognition of USPHS pharmacists who best exemplify the qualities signified by the award.

2013 Award Winner:

CDR Ryan Schupbach,

Indian Health Service

The **George F. Archambault PHS Career Achievement Award in Pharmacy** recognizes senior civil service or Commissioned Corps pharmacists serving under the authority of PHS, with at least 15 years of PHS service for outstanding career achievements and/or contributions to the pharmacy profession during their PHS career.

2013 Award Winner:

RADM Chris Bina,

Bureau of Prisons

The **RADM John Babb Pharmacist Responder of the Year Award** recognizes a pharmacist (Commissioned Corps, civil service or temporary federalized responder) that has provided outstanding emergency preparedness, disaster response, and contributions to national/ international public health threats in the past year.

2013 Award Winner:

CDR Kathleen Dotson,

Bureau of Prisons

Career Development Section

2013 COF Scientific and Training Symposium Career Counseling

VADM Richard Carmona emphasized the importance of mentoring officers for the future of our Corps during the 2013 COF Scientific and Training Symposium. Each category offered career counseling sessions during the symposium. Fifteen junior officers in the pharmacy category received career counseling from nine senior officer volunteers. The PharmPAC Career Development Section would like to thank CAPT Jeff Bingham (BOP), CAPT Beth Fritsch (FDA), CAPT Jim Imholte (OS), CAPT George Lyght (FDA), CAPT Aaron Sigler (FDA), CAPT Lisa Tonrey (IHS), CDR Michael Crockett (BOP), CDR Dean Goroski (IHS) and CDR Margaret Rincon (IHS) for their time and effort in counseling the junior officers.



CAPT George Lyght at the 2013 COF Symposium

PharmPAC Highlights (con't)

Readiness Section

Contributed by: CDR Janelle Derbis
Food and Drug Administration

Fitness Challenge: Pick Up the PACE and Step Out of Your Comfort Zone

Physical fitness is an integral component of officership and meeting basic readiness. That said, when it comes to maintaining physical fitness it is easy to become a 'creature of habit'-- doing the same exercise routine for an extended period of time. Whether you are looking to transition from the President's Challenge to completing your first APFT or increasing APFT fitness levels, consider challenging your exercise routine by adding variety to it and expand your comfort zone.

Step 1: Pick up the PACE

As you may have heard, the PharmPAC recently introduced the PHS APFT Certificate of Excellence (PACE) Program. Officers who complete one of the following will be eligible to receive a certificate:

- ✦ Complete first time APFTs and attain APFT Fitness Levels 1 - 4 (awarded one-time only)
- ✦ Increase APFT Fitness Level compared to the previous APFT Fitness Level recorded (awarded with each increase in *overall* APFT Fitness Level)
- ✦ Attain *overall* APFT Fitness Level 4 on any APFT (awarded once per year)

As of July 1, 2013, only two months after the launch of the initiative, 14 certificates have been issued. Congratulations to those officers who were among the first to earn a certificate!

As a reminder, qualifying APFT must be completed on or after May 1. Send an email to PharmPACReadiness@fda.hhs.gov or reach out to your PharmPAC-PACE liaisons – they will be happy to help.

PharmPAC Liaisons	Email
LT Ashley Knapp	ANHarden@cnhsa.com
LT Christopher LaFleur	CLaFleur@bop.gov
LT Benjamin Le	Benjamin.Le@ihs.gov
LT Sara Low	slow@SouthcentralFoundation.com
LT Anastasia Shields	ashieldspharmd@yahoo.com
LCDR Richard Cutlip	rcutlip@bop.gov
LCDR Mark Iseri	Mark.Iseri@ihs.gov
LCDR Kelly Ngan	Kelly.Ngan@fda.hhs.gov
LCDR Ron Won	Roney.Won@ihs.gov
CDR Rebecca Decastro	Rebecca.Decastro@cms.hhs.gov
CDR Peter Diak	Peter.Diak@fda.hhs.gov
CDR Tommy Horeis	thoreis@bop.gov
CDR Andrew Meagher	Andrew.K.Meagher@uscg.mil

For more information on the PharmPAC-PACE Program and tips for setting, training for, and achieving your APFT goals, visit the New APFT Initiative Website at <https://sites.google.com/site/usphspharmacyreadiness/>.

Step 2: Step Out of Your Comfort Zone

Choosing a new type of physical activity to add to your exercise routine can have a positive impact by keeping motivation high as you work to improve your fitness level. The recent launch of the PharmPAC-PACE Program made me think about my exercise routine and what I could do to increase my APFT fitness level in order to achieve a certificate. When it comes to exercising, it's important to identify new challenges and to set short term goals. In April, a group of friends asked if I wanted to participate in a 5K mud run on Memorial Day. I was hesitant at first but quickly realized it would be a great opportunity to step out of my comfort zone and would require me to set new short term goals. In order to complete the run, I needed to increase my run-

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PharmPAC Highlights (con't)

(Continued from page 14)

ning time and do additional strength training. By the end of May, I was set to take on the mud, cross country terrain, and twelve course obstacles. I successfully completed the course in under 35 minutes but most importantly had numerous laughable moments, no broken bones, and in the end was happy I took on the challenge (not to mention I rewarded myself with a new pair of clean running shoes)!

Always remember, taking on a new fitness challenge is what causes change and change equals growth.



CDR Janelle Derbis (middle) --Heroes Mud Run



Did You Know?

ODU Phase-in Extension

On June 13, 2013, VADM Regina Benjamin released a new Personnel Operations Memorandum (POM) regarding the extension of the Phase-in of the Operational Dress Uniform (ODU). The new deadline for ODU procurement is 31 December 2014. Until that time, both the ODU and BDU will continue to be authorized. However, the two uniform's accoutrements are not authorized to be mixed.

- For more information about the extended deadline, please visit the following link: http://dcp.psc.gov/eccis/documents/POM13_004.pdf
- Please review information about ordering the ODU originally released in POM 12-009. It can be accessed via the following link: http://dcp.psc.gov/eccis/documents/POM12_009.pdf

Bulletin Board

2013 Promotion Results

On June 28, 2013, the Office of Commissioned Corps Operations (OCCO) announced the temporary grade promotion results for promotion year 2013. This promotion cycle includes officers that are eligible for promotion from July 1, 2013, through June 30, 2014. Congratulations to all of the officers that received or will receive their promotion in this cycle!

The names of all officers promoted to each grade in each category, along with the PY 2013 Temporary Grade Promotion statistics can be found at: http://ccmis.usphs.gov/ccmis/promotions/Promotion_Index.aspx

Opportunity for *your* contribution!

PharmPAC Perspectives Reader - Do you have a story to share? Take the opportunity to contribute to the collective success of *your* newsletter. We are excited to publish your article about important information you would like to share for the good of the whole! Whether it be detailing a program accomplishment, pictures of your committed service in action, or promoting volunteering opportunities, help us give voice to the tremendous mission we undertake everyday to protect, promote and advance the health and safety of the Nation. We are calling for newsletter articles in the following topic areas:

1. **Pharmacy Spotlight** - (Share something to highlight information about the impact of your work; a volunteer opportunity you participated in; a unique practice story). Submit articles to CDR Brian Eddy at Brian.J.Eddy@uscg.mil and LCDR Stephen Chang at Stephen.chang@cms.hhs.gov
2. **Healthy Lifestyles and Fitness** - (Examples include sharing how you stay fit; share a recent race/event you participated in; recommenda-

tions; may also relate to the Annual Physical Fitness Test). Submit articles to CAPT Lisa Becker at Lisa.Becker@ihs.gov and CDR Jamie Shaddon at Jamie.Shaddon@ihs.gov

3. **Career Development** - (Highlight opportunities to develop leaders such as professional development, mentoring, leadership, choosing career paths, HHS agencies, promotions). Submit articles to CDR Kristina Donohue at Kristina.Donohue@fda.hhs.gov and LCDR Katherine Won at Katherine.Won@fda.hhs.gov
4. **Did You Know** - (Examples include uniform updates; benefits; other information helpful to officers or pharmacists/technicians in PHS). Submit articles to LT Grant McElwee at Grant.McElwee@ihs.gov and LT James Haley at JMHaley@cnhsa.com
5. **Bulletin Board** - (Announcements). Submit articles to CDR Sheila Ryan at Sheila.Ryan@fda.hhs.gov and LT Inna Voinich at Inna.Voinich@ihs.gov
6. **PHS in Action** - (Share your photos with a brief caption). Submit pictures to LCDR Shinta Imansjah at Shinta.Imansjah@ihs.gov and LT Christopher Janik at Christopher.Janik@uscg.mil



University Point of Contact (UPOC) Section

UCSD Pharmacy Student Receives PHS Excellence Award

Contributed by:

*LCDR Brittany Keener, Indian Health Service and
LT Stephanie Daniels, Department of Homeland Security*

Greg Estep, a third year pharmacy student at the University of California-San Diego (UCSD) Skaggs School of Pharmacy, was recently awarded the USPHS Excellence in Public Health Pharmacy Practice Award. Greg was nominated by Professor Dr. Norman Painter and School of Pharmacy Dean Dr. Palmer Taylor for his many efforts in public health pharmacy. The Excellence in Public Health Pharmacy Practice Award recognizes and encourages students to become involved in public health issues in their community as well as to increase awareness of the Public Health Service and its mission to protect, promote, and advance the health and safety of our Nation.

Today we face a public health crisis in America with the rise in obesity, diabetes and cardiovascular disease. With the advent of these new public health challenges, pharmacy students are more and more involved in finding innovative ways to address these challenges. The purpose of the Excellence in Public

Health Pharmacy Practice Award is to identify these outstanding pharmacy students and recognize their contributions. In 2013, the PharmPAC honored 64 pharmacy students throughout the country for their dedication, support, and promotion of public health.

As a student member of the American Pharmacists Association (APhA), Greg initiated a student group called Generation Rx, which serves to educate middle-school and high-school students on the dangers of prescription drug misuse and abuse. He trained 40 presenters, including UCSD pharmacy residents and students, and implemented a text-polling service that enabled real-time feedback from the students in attendance. Nine Generation Rx team members presented a total of eight 1.5 hour sessions at three local high schools, reaching a total of 240 students.

Greg has also served alongside USPHS pharmacists within the Indian Health Service, completing two JRCOSTEPs in the Whiteriver Service Unit and Colorado River Service Unit. During his internship, he proposed changes to their formulary that resulted in cost savings and improved outcomes, created patient information pamphlets for counseling on diabetes medication changes, and helped write an antibiotic program for use by inpatient physicians to reduce the incidence of antimicrobial-resistant strains. He also gained valuable experience in counseling both inpatient and outpatient populations regarding medication regimens and compliance.

Greg was presented with his award on June 3, 2013 by LT Stephanie Daniels, currently stationed with the Immigration Health Service Corps, and Dean Dr. Palmer Taylor. Dean Taylor hosted a lunch for both Greg and LT Daniels at the university faculty club following the ceremony. The lunch was an invaluable networking opportunity, allowing a USPHS officer to demonstrate the value of the Corps, and to help expand awareness within the academic realm of the career options available to pharmacy students.



From left, Dr. Palmer Taylor, Greg Estep, LT Stephanie Daniels



University Point of Contact (UPOC) Section (con't.)

Columbia University

Health Disparities Conference

Contributed by: Sarabjit Kaur, Class of 2013

On March 15th, I had the opportunity to attend the Fifth Annual Health Disparities Conference with Grace Pham (student pharmacist from Touro College of Pharmacy from NY) and LCDR Jerry Zee (Regional Pharmacist for Centers for Medicare & Medicaid Services Region 2) at Columbia University. This event was a great learning experience for me. It was really different from what I was expecting. The event kicked-off with performances by an African ensemble. The beat and the rhythm of the music really captivated everyone to be more active and engaged for the rest of the conference. The keynote speaker, Dr. Emdin was inspiring. Dr. Emdin's theory on "how hip-hop music can give insight into broken healthcare and education system" gave a very different perspective on why healthcare isn't where it should be. Dr. Emdin continued to talk about how an individual's rhythm (sense of individuality) is lost when he/she is part of a corporate environment which can lead to a distant state of mind that eventually affects that individual's health.



Sarabjit Kaur, Class of 2013
Rutgers School of Pharmacy

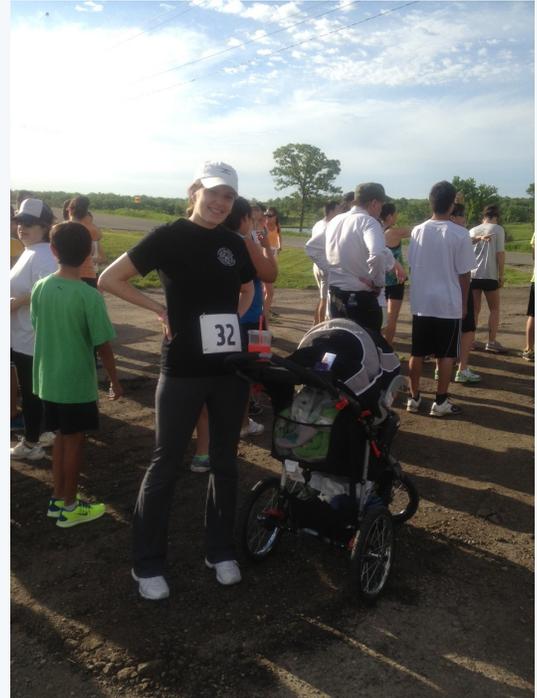
During the afternoon, I also attended a break-out panel that focused on the obesity epidemic among school children. It was interesting to learn how obesity is costing the country billions of dollars and the cost is expected to rise over the upcoming years. Dr. Rajan talked about the "Iron Will Kids" program that target school kids of 5 to 7 years of age in helping reduce the obesity epidemic. The program is focused on individual and family education, as well as changes in the type of food that is provided in schools. Adult education focuses on setting an example for the kids by the type of foods that we consume. The daily intake should include fruits, vegetables, whole grain, and reducing sodium intake and trans-fat. Individual learning focuses on the development of decision making skills and social-coping skills as well as good nutritious food. I really liked the component of this program that focused on "innovative approach," which is a 10 session program that incorporates visual and media learning that leads to building and reinforcing life skills. Other parts of the presentation focused on having "food lab" diaries for kids which will increase the kids' knowledge of what they are consuming. An interesting point that was brought out by Dr. Rajan was that school-based programs should work in conjunction with community-based efforts to promote long term and sustainable behavioral changes. I believe that Dr. Rajan's work with "Iron Will Kids" program is a huge effort that will show great results in the future and will be a great example for others to follow.

Overall, this conference was really intriguing and focused on the education of various healthcare related topics. The main issue that really hit me was the fact that we're currently part of a "disease care" system and not a "health care" system. The various keynote speakers gave their ideas on how to fix our health care system. And I believe the vision that is seen by these speakers requires the contributions and efforts of all residents of this nation to achieve its goal. Policies and procedures can be put into place but until the time individuals realize their own responsibilities and commit to change themselves, not much can be done.

PHS Pharmacists in Action



PHS Officers participate in the annual Independence Day parade in Bemidji, MN



LT Dena Smith of White Earth Health Center with baby Ivy participated in "White Earth Nation 5K Walk/Run to Fight Diabetes" on June 15, 2013



LT Christopher Janik, PharmD presented the USPHS Excellence in Public Health Pharmacy Practice Award to PharmD Candidate Russell Poisson (second from left) class of 2013, at the University Of Rhode Island School Of Pharmacy



Several Tuba City pharmacists volunteered for Adopt-A-Highway in April 2013. Fourth from the right: CDR Mary Byrne, and third from the right: LT Todd Angle

PHS Pharmacists in Action (con't.)



LCDR Justin Eubanks, PharmD (center) briefs RADM Maura Dollymore, Assistant US Surgeon General, Chief Medical Officer USCG, and CAPT Ty Rinoski, CO, Health, Safety and Work-life USCG during a closed Point-of-Delivery Strategic National Stockpile disaster response exercise held June 2013 at Elizabeth City, NC.



LCDR Benjamin Keller, PharmD (left) provides drug information and triage assistance during a closed Point-of-Delivery Strategic National Stockpile disaster response exercise held June 2013 at Elizabeth City NC

PHS Pharmacists in Action (con't.)



Pharmacy Category Day: CAPT Aaron Sigler (right) with LCDR Doan Nguyen (left). Photo credit LCDR Doan Nguyen



PharmPAC Honor Award winner: CDR Kathleen Dotson (second from left) pictured with (L to R) VADM Richard Carmona, RADM Boris Lushniak, RADM Scott Giberson. Photo credit CDR Don Schmidt



PharmPAC Honor Award winners: RADM Chris Bina (third from left) and CAPT Donald Branham (most left) pictured with (R to L) RADM Scott Giberson, VADM Richard Carmona, RADM Boris Lushniak, CDR Mike Crockett. Photo credit CDR Don Schmidt



RADM Scott Giberson welcomes the newest USPHS Commissioned Corps Pharmacy officers from Officer Basic Graduating Class number 65

PHS Pharmacists in Action (con't.)



Dr. C. Everett Koop tribute: Bottom row (L to R) VADM M. Joycelyn Elders, VADM David Satcher, VADM Richard Carmona. Top row (L to R) RADM Kenneth Moritsugu, RADM Boris Lushniak, RADM Scott Giberson. Photo credit CDR Don Schmidt



COA 2013 Health Leader of the Year Award recipient RADM Thomas McGinnis (left) with VADM Richard Carmona (middle) and CAPT Nita Sood (right). Photo credit CDR Don Schmidt

PHS Pharmacists in Action (con't.)



Pharmacy Category Day: LCDR Khang Ngo
Photo credit LCDR Doan Nguyen



Pharmacy Category Day: CDR Dean Goroski
Photo credit LCDR Doan Nguyen



Pharmacy Category Day: CAPT Laura Pincock
(CDR as pictured). Photo credit LCDR Doan Nguyen

JOIN OUR MEETINGS

PharmPAC meetings are held the first Thursday of the month at 2pm EST. The next three meetings will be on:

August 1, 2013
September 5 2013
October 3, 2013

Join us for PharmPAC's monthly meetings via teleconference or in person.

By Conference Call:

1-866-901-3913 or
301-796-4100
Passcode: 65419

In Person: FDA White Oak Campus
Bldg 22, room 1419

Join the PHS Listserv to receive updates and information and stay connected to the PharmPAC:

[Click to Join Now!](#)

This newsletter has been provided by the PharmPAC Communications Section. For more information on how to contribute to future editions, please contact Section Co-Leads:

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LCDR Khang Ngo at Khang.Ngo.USPHS@hotmail.com
LCDR Jodi Tricinella at Jodi.Tricinella@ihs.gov

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