

DOG House News

Providing Updates from the USPHS Readiness and Deployment Operations Group (RedDOG)

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USPHS Preparedness Coordinator, LCDR Elizabeth DeGrange
Editor, LT Yvonne M. Santiago



Preparedness Coordinator's Corner

It's that time again: back-to-school for so many of our kids. That said, now is a great time to talk with kids about walking, riding their bikes, or taking the bus to school. Remind them that walking and texting (or biking or driving and texting) is very dangerous, and to be sure they're looking for traffic around them.

It's also a great time to review your family plan for home, talking about things like emergency contacts for your kids, who can pick kids up from school if you, as parents, can't; how to get out of the house if there's an emergency; and what to do if mom or dad has an emergency while kids are at school. Also, remind them what to do if a stranger approaches them, and where they can go for help.

Lastly, The RedDOG Newsletter Team and I want to thank all of the Officers who have submitted articles in the last couple of months. We have received a lot of positive feedback and welcome any suggestions for upcoming editions. It is through sharing your experiences with other Officers that we all learn how to better prepare for Emergency Responses.

Please note that if your article is not included in the upcoming edition, we will make sure to include it in the next edition

V/r,

LCDR DeGrange

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Upcoming Deployments

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Getting to Know (Deployment Teams)

USPHS CC Rapid Deployment Forces

By RDF PIO/LNOs LCDRs Muni and Mason

Whether training at Camp Bullis, Fort A.P. Hill, or conducting real world Remote Area Medical (RAM) missions in the Appalachian Mountains and Indian reservations of South Dakota, Public Health Service Rapid Deployment Forces (RDFs) take preparing for deployments very serious. It is this passion for readiness which has made possible so many of the successful missions that each of the five RDFs have achieved in recent history.

RDFs stood ready for the Boston Marathon bombings, Haitian earthquake, Mississippi and Red River flooding's, Tropical Storms Karen and Bonnie, and Hurricanes Irene, Flossie, Ike, and Alex. RDF's have made a difference while deployed on missions such as Asia-Pacific Summit, California wildfires, Unaccompanied Minors, Tropical Storm Ernesto, and Hurricanes Gustav, Dean, Isaac, and Sandy.

RDFs are designed to be capable of dividing up into smaller teams to accomplish the mission in multiple locations simultaneously. PHS-1 proved the effectiveness of this approach when partnering with the Texas Joint Military Command, state, and local agencies to provide care across 4 locations, along the Texas-Mexico border, in support of a medical humanitarian mission. While deployed to Louisiana, in response to Hurricane Isaac, RDF-5 supported the mission by sending RDF officers to additional

Getting to Know Continued (Deployment Teams)

DOG House Motto:
*It's not the size of
the dog in the fight,
but the size of the
fight in the dog*

Field Medical Stations (FMS) locations in Baton Rouge and New Orleans.

As many learned that the influx of children migrating across the U.S.-Mexico Border was rapidly exceeding the existing infrastructure, it was PHS RDFs that supported the Customs and Border Patrol operation by conducting health screenings, medical clearances, and referrals to additional medical services in the Southwest. RDF officer, CDR Jialynn Wang, recalls *"It was a sobering reminder of all that we have to be thankful for and how fortunate we are to be able to thrive, feel safe, and do good."*

When New Jersey and New York were devastated by Superstorm Sandy forcing residents and facilities to evacuate, it was RDF-3 that established a 250-bed FMS in a community college while PHS-2 established, and was later reloaded by PHS-1, an FMS at a hospital in Brooklyn, NY, to care for displaced nursing home residents. PHS-2 Deputy Commander, CAPT David de la Cruz, said *"It takes a special person to be on a Tier I team, but it is an extraordinary person who serves on a RDF."*

RDFs can also be utilized by RedDOG as a source of officers to support USPHS CC missions such as State of the Union addresses, Presidential Inaugurations, as well as establishing, staffing, and turning over the Monrovia Medical Unit (MMU) in Liberia, West Africa. Though the RDF footprint among the MMU teams was significant it was our actions and words that were extraordinary *"I think one of the most unique things about this mission was that every officer who deployed wanted to be there - despite the risks, despite the danger, despite the unknown, and being away from family"* - CAPT Sean Boyd, PHS-1 Team Commander.

Do you want to learn more about RDF opportunities?

PHS-1: CAPT Boyd-Team Commander
sean.boyd@fda.hhs.gov

301-796-5895

LCDR Garza-Team Recruiter

iwm8@cdc.gov

202-245-0668

Team Openings:

1-Safety Officer

2-PIO/LNO (Media Officers)

2-Admin/Finance (Leadership Roles)

1-Planning (Training Officer)

Multiple Clinical Roles

PHS-2: CAPT Calvin Edwards-Team Commander
calvin.edwards@fda.hhs.gov

717-541-9924 ext. 20

LT Bell- Team Recruiter

nicole.bell@fda.hhs.gov

404-669-4533

Team Openings:

Multiple Clinical Roles

RDF-3: CAPT Williams-Team Commander
hbw2@cdc.gov

404-498-0417

LCDR Layman-Team Recruiter

Brittany.laymon@fda.hhs.gov

303-236-3096

Team Openings:

2-Logistics (IT & Facilities/Sanitation)

1-Planning (Situational Awareness)

Multiple Clinical Roles to include:

Dietician, lab tech, triage supervisor

RDF-4: CAPT Brandon Taylor-Team Commander
Brandon.taylor@ihs.gov

405-951-3819

LCDR Oberly-Team Recruiter

joyce.oberly@ihs.gov

918-762-6612

Team Openings:

3-Admin/Finance (Medical Records)

2-Planning

5-Logistics (General Staff, Communications)

Multiple Clinical Roles to include: mental health, occupational health, Veterinarians, Laboratorians, Food Safety

Operations (Nurses/Providers)

RDF-5: CAPT Ellison-Team Commander
dellison@hrsa.gov

816-426-5297

CDR Little- Team Recruiter

Elaine.little@ihs.gov

505-552-5360

Team Openings:

Multiple Clinical Roles

Deployment News

2015 Independence Day Celebration RIST-NCR Deployment

By LCDR Jonathan Kwan and LCDR Qiao Bobo

The Regional Incident Support Team-National Capitol Region (RIST-NCR) is a United State Public Health Service (USPHS) Tier 1 Deployment Team and members are expected to be able to deploy within 12 hours of notification of an event in the NCR. RIST-NCR Team Members typically support both non-Emergency and Emergency Support Function (ESF) #8 mission by staffing the Emergency Management Group (EMG) in the U.S. Department of Health and Human Services (HHS) Secretary's Operation Center (SOC) and the National Capital Area Incident Response Coordination Team (IRCT) for both planned and unplanned events.

This past July 2-4, 2015, RIST-NCR Team Members were asked by the Assistant Secretary of Preparedness (ASPR) to deploy for the 2015 Independence Day Celebration event. This event is of special note as it is listed as a Special Event Assessment Rating (SEAR) Level 2 with an estimated 750,000 visitors gathering on the National Mall and surrounding areas for various July 4th celebratory activities, including the National Independence Day Parade, Capitol Fourth Concert on the West Lawn of the U.S. Capitol, Smithsonian Folk Life Festival on the National Mall, a multi-act concert at RFK Stadium, Washington Nationals baseball game, and firework show. While there were no specific, credible threats of terrorist attacks, the National Capital Region remains a desirable target for attacks. In addition to this immediate mission, the Team had to be prepared to increase the EMG capacity and support the National Response Coordination Center (NRCC) activation for any consequence management mass casualty incident or other simultaneous incidences.

Given the majority of the July 4th celebratory events occurred on or near the National Mall, the United States National Park Service (NPS) organized the Independence Day Celebration events and requested medical and health support from HHS. HHS agreed to provide health and medical resources in support of the NPS to the NCR and activated the necessary ESF #8 personnel which included 12 RIST-NCR Team Members. Coordinated by CAPT Sally Hu, RIST-NCR Team Members served in varying capacities as follows: two USPHS Officers assigned to the IRCT Planning Section (LCDR Karen Chaves, LT Xinzhi Zhang); two USPHS Officers assigned to the IRCT Operations Section (LCDR Jessica Cole, LCDR Paula Murrain-Hill); two USPHS Officers assigned to the IRCT Administration and Finance Section (LCDR Qiao Bobo, LCDR Olden Walker III); two USPHS Officers assigned as IRCT Safety Officers (CDR Judy Facey, LCDR Mellissa Walker), and four USPHS Officers assigned to the HHS Liaison Officers (LNO). LNOs served as HHS representatives at three locations: the NCR Multi Agency Coordination Center (MACC)(LCDR Skip Payne); Washington, DC, Department of Health, Health Emergency Coordination Center (HECC)(LCDR Jonathan Kwan); and the Unified Command Center at Washington, DC's Homeland Security and Management Agency (HSEMA)(CDR Corey Palmer, LCDR Simleen Kaur).

- The Planning Section members were responsible for supporting the IRCT Commander and Operations Section with information management and the incident action plan (IAP). Critical components include the following: tracking of the status of resources and continual updates of the situation or event; development of contingency plans and long-range plans for the IRCT; and early development of demobilization plans.
- The Operations Section members were responsible for achieving the IRCT Commander's objectives through directed strategies and execution of tactics. These included supporting and deploying medical and veterinary resources via medical aid station tents and mobile veterinary clinics.
- The Administration and Finance Section Members were responsible for supporting the IRCT Commander and Operations Section through tracking of such issues as reimbursement and regulatory compliance.
- The Safety Officers were responsible for assessing hazardous and unsafe conditions and develops measures to ensure responder safety. This includes providing personal protection equipment (PPE) and health and safety information to deployed assets.
- The Liaison Officers were responsible for maintaining situational awareness and providing the Federal Health Official with critical coordination information across multiple agencies and partners inside and outside the HHS response system allowing for synchronization of efforts.

Serving in either a leadership capacity or with IRCT section chiefs, RIST-NCR USPHS Officers were able to gain an incredible amount of Incident Command System (ICS) experience at this deployment. As there are always at least three

planned deployments each year, RIST-NCR deployments provide USPHS Officers a number of opportunities to gain leadership experience and provide significant contributions to HHS's response missions by rapidly responding to public health needs in the National Capital Region.



From L to R: LCDR Skip Payne, CDR Judy Facey, LCDR Simleen Kaur, LCDR Olden Walker III, LCDR Mellissa Walker, LCDR Jonathan Kwan, LCDR Jessica Cole, CDR Corey Palmer, LT Xinzhi Zhang, CAPT Sally Hu, LCDR Qiao Bobo

Message from Conkary

By LCDR Joseph M. Ndifor

The Guinean capital city of Conakry was once the destination for Africans fleeing political persecution all over the African continent.

It was in this city that, with the rising threats to his life just before his country's independence back in 1960, famed Cameroonian opposition leader Felix Roland Moumié, fled to. So deep was this exile's influence among Guineans that a high school today—"Lycée Felix Roland Moumié de Nzérékoré"—has been named in his honor. And following his ouster from power in February 1966, it was also in this city that deposed-Ghanaian president Kwame Nkrumah found refuge, a refuge from which Nkrumah authored "Voice from Conakry", a withering indictment directed against Ghana's military junta, which had shot its way to power while he was traveling overseas.

But Conakry today isn't about exiles. With the outbreak of Ebola, this city has become a beehive of activity mostly geared towards the elimination of this calamity that has struck the entire country. Billboards around this city, a majority of them emblazoned with messages about Ebola, are a testament to how this country is up in arms against this deadly virus.

I was a member of the United States Public Health Service team that travelled to Guinea, at the height of the epidemic in March, to help Guineans combat the disease.

Fighting Ebola, like the United States did when it entered the Second World War in order to eliminate the disease of Nazism in Europe and the rest of world, has once again espoused that America's spirit of sacrifice from its men and women. It's a sacrifice that citizens of Guinea, long plagued by other public health problems like malaria, are sincerely grateful for. The young Guinean doctors here—optimistic that this killer disease would be eliminated with America's massive intervention—do often use the phrase, "We are the world", a reference to the 1985 song that was released by American artists to help Ethiopia in its fight against drought and famine.

But Guineans of the older generation—those who grew up under the regime of Sékou Touré, Guinea's first post-independence leader—who are also involved in this battle against Ebola, however, lament the current state of affairs in their country. They point out, for instance, how the breakdown of law and order (which was not rife during the imperious reign of Touré) has hampered current efforts at eradicating this disease.

And there might be some truth to this, because there've been allegations from international health workers—travelling all over Guinea to help end Ebola—that they've been approached by Guinean police officers on highways, asking for bribes.

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“Message from Conakry”, my personal experience while working in this country, should not be construed as embellishing—at the expense of other countries’ contributions—America’s efforts in this fight against Ebola. After all, there are many volunteers from other countries, including those from Cuba and Russia, whose efforts at eradicating this contagious disease have so far prevented its surge in many rural communities of Guinea. *Joseph M. Ndifor, a Commissioned Corps officer with the United States Public Health Service, was deployed to Conakry, Guinea, as an epidemiologist in the fight against Ebola.* The views expressed here are those of the author and do not reflect the official policy or position of the United States Public Health Service, the Department of Health and Human Services or any branch of the United States government.

My Story in Guinea

By LT Viky Verna, MSE, MSPHarm

I was contacted by RedDOG to be part of the first group of 10 Non-CDC PHS Officers selected for deployment to support the CDC Mission to assist the Guinean Government to eradicate EBOLA out of the country. We arrived in the capital of Guinea, Conakry, on March 4th, which is where the local CDC Central Post is located.

I was deployed to join the CDC Epidemiologist group which had already been working day and night with the EBOLA Response Coordination Team, put in place by the government to coordinate all of its EBOLA response activities supported by international and national partners (such as the World Health Organization - WHO, Red Cross, and CDC).

From day one, I recognized the importance of French proficiency for this mission. During my first week in Conakry, as a CDC Epidemiologist Consultant, I was tasked to attend several meetings with the different organizations and the government entities to understand the activities being executed by the different groups and to discuss contact tracing strategies.

After a week in the capital, I was assigned to a different prefectural post (local health department) in another city called Dubreka. There, I was the lead CDC Epidemiologist Consultant tasked to support the local team by supervising the activities related to contact tracing and epidemiological data collection.

The main objective of our group was to find strategies to identify all Ebola cases (confirmed or potential) to direct them to the appropriate treatment sites. To do so, contact tracing was imperative to identify subjects who had been in contact with EBOLA patients and monitor them for 21 days which is the time interval from infection with the virus to onset of symptoms. The daily supervision consisted in visiting families who have had family members who were infected by the EBOLA virus, to ensure that any new case is handled promptly. I also supervised the data collection and reporting of the local epidemiologist team.

Furthermore, my task was also to evaluate the operations of the local department to identify weaknesses and needs of the local health department. The observations were communicated to concerning parties and, corrective and improvement projects were developed in collaboration with the local health department director and the other partners (UNICEF, UNMEER, RedCross, WHO etc...).

Accomplishment Highlight

One of the main challenges of contact tracing was not only the weakness of the country’s death reporting system or lack thereof, but also the mistrust of the population towards the government and its partners. It was widely rumored that the government and its partners created the Ebola virus for financial benefit and to collect bodies for organ trafficking. It was also noticed that these rumors persisted because the influential community representatives shared these believes.

To address this situation we developed a pilot training which targeted the about \$2000 Imams (Religious Leaders) and Body Washers of the city, who handle most if not all death burials in the city, to educate them on EBOLA, the dangers, the means of contamination and to discuss the rumors.

I led the execution of this project which required intense negotiation and collaboration between the Imam Community, CDC, the local health department director, Red Cross, and Peace Corps. The objective of the project was to dismantle the rumors and convert the Imam community into a collaborator assisting in the EBOLA death case identification/reporting. The training resulted in most Imams changing their views and wanting to start reporting all the cases they see before burial. Within one week of the training death reports rates improved from 2-3 per day to 12-16 per day. CDC considered this pilot project which was covered in the media, a success and has considered bringing forward for implementation in other cities.

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Press Media

<http://www.agpguinee.com/fichiers/livre.php?code=calb15851&langue=fr&type=rub17>

https://ebolaresponse.un.org/sites/default/files/150508_unmeer_external_situation_report.pdf

(#11)

<http://www.cidi.org/wp-content/uploads/05.28.15-USG-West-Africa-Ebola-Outbreak-Fact-Sheet-32.pdf>

Featured Articles

Field Management of Chemical and Biological Casualties (FCBC) What is FCBC?

By LCDR Anastasia Shields

FCBC covers the field management surrounding victim exposure to nerve agents, biological agents and other potentially life threatening chemical exposures that may happen in the event of a terrorist attack, chemical plant malfunction, chemical transport truck accident or any other possible scenario that may lead to unprotected individuals becoming exposed to dangerous and deadly chemical and biological agents. It provides the basic necessary information needed to assess, decontaminate, aid in agent identification, manage basic in the field treatment and construct a field decontamination area. It allows the students to learn how to don protective gear, doff protective gear and gives them experience working in protective gear. Personally this was my first experience using MOPP 4 gear. The experience I gained was valuable and I have not forgotten what I learned one year after completing the class. They provided information surrounding the different types of biological, neurological and chemical agents that may be encountered and characteristic symptoms of agent exposure. Treatment for these agents is reviewed both in the classroom and in practice through Mega Code simulations. The field exercises put what was covered in the classroom into practice. Our final exercise in the field was to set up and run a mock drill through a field decontamination station. We were able to see through this exercise what worked well in the field and what would not work well in the field, we gained experience working in designated "Hot" and "Cold" zones and learned the importance of a vapor zone as well as where to place it when setting up a field treatment area. Why should I take FCBC?

To gain experience in MOPP 4 gear and learn the characteristics of various chemical, biological, and neurological agents as well as how to treat persons exposed to those agents. Two learn how to set up a field decontamination hospital and how the patient triage and flow should work in a field hospital. Oh, and I can't forget to mention, you get to carry a FCBC issued gas mask with you all week!

How do I enroll in FCBC?

USAMRIID runs these classes at various times of the year. Their website is <http://www.usamriid.army.mil/> look under the tab for education and training. You will need a letter from your supervisor stating they are allowing you to take the class. There is not a registration fee for uniformed service personnel.

What Do I Need for FCBC?

PHS Officers wear their ODUs, all classroom material is provided (textbooks etc.). You will need to make arrangements to stay at a hotel in the area if you are not local to Aberdeen MD where the class is held. The hotel fee is not covered with the registration, whether or not your agency is willing to cover the hotel cost is their decision. They typically reserve a room block at one of the local hotels for class participants, they will give you this information after you register.

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What To Expect:

You must be on time to class; there is typically a shuttle that runs from the hotel to the training site. This class will have personnel from all branches of the Uniformed Service as well as a few civilians attending so it's a great opportunity to interact with other service branches. The instructors are fantastic, experts in their field, and their attitude is "you are there to learn". They are willing to help in any way possible. The class is a combination of classroom and field exercises. It does involve a few powerpoint lectures but it is NOT a "death by powerpoint" experience. The lectures are fun and interesting. The field exercises utilize what was learned in the classroom and really drive the point home. It runs five days total starting on Monday morning and ending on Friday. The days can be long but the time goes by very quickly.

My Personnel Thoughts:

I took this class in the spring of 2014 and loved it! In late fall/early winter of 2014 I was with the second team of officers deployed to Liberia to work at the Monrovia Medical Unit. Even though my team role was a pharmacist, we all worked whenever and wherever we were needed. I remembered during training in Anniston and then again in Liberia what I learned in FCBC about wearing protective gear (PPE), the importance of appropriate donning and doffing of PPE, how a field hospital should flow when working with a biologically "hot" agent and the importance of complete decontamination after exiting the hotzone. I had not expected the Ebola Outbreak or the Commissioned Corps' role in helping to treat Ebola infected healthcare workers when I registered for FCBC in the spring of 2014 but I am grateful for having the opportunity to take the class when I did. This example proves that we don't know what is just around the corner and we should take advantage of training opportunities and learning experiences when they are offered because you will never know when you may need to use what you learned. This class is one of the best of its kind in the world, when allowed the opportunity to enroll it is highly recommended.

September: National Suicide Prevention Month

SUICIDE is a National Public Health Crisis and one that is preventable. According to the American Foundation for Suicide Prevention (AFSP), someone dies by suicide every 12.9 minutes. It is the 10th leading cause of death in America and the third leading cause of death for individuals between the ages 15-24 years old. Suicide is a very serious public health problem impacting our communities both emotionally and economically. The Center for Disease Control (CDC) reports that suicide claims the lives of over 38,000 Americans every year. The number one cause of suicide is untreated depression - Over 800,000 people die by suicide annually according to the World Health Organization (WHO). For every one completed suicide there are at least 25 attempts (CDC). The most disturbing news is that there are resources available to prevent this tragedy

September is National suicide prevention month and throughout the month there are numerous community activities to address this important topic. As the suicide prevention coordinator here at Naval Medical Center Portsmouth, VA - we recognize the importance of suicide prevention throughout the year however, in September we have multiple events going on throughout the month. One of the primary activities that our command participates in is the "Out of the Darkness Walk" <https://www.afsp.org/out-of-the-darkness-walks>. The American Foundation for Suicide Prevention (AFSP) hosts this event throughout the nation. I encourage all of our officers to seek out the walk closest to them and form a team to participate - this is an event to promote good mental health and normalize help seeking behaviors.

The Navy is also implementing ASIST workshops to train both civilians and sailors to recognize and intervene with someone who is suicidal. ASIST stands for Applied Suicide Intervention Skills Training. ASIST is an evidenced based program that is distributed by LivingWorks Education. The program is held over a two-day period and the framework consists of group discussions and experiential discussions. The course teaches participants how to intervene with a person who is actively suicidal or may be at risk for suicide. ASIST is available nationwide and in over twenty-two countries. This training would be a valuable tool for caregivers and first responders in crisis situations. To learn more or find a workshop close to you please visit <https://www.livingworks.net>

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Suicide leaves behind grief-stricken family members and friends who are left wondering what they could have done differently or why they did not see the signs. These survivors of suicide (SOS) are also at a greater risk to commit suicide themselves; this may be due to the complex grief that accompanies suicide, overwhelming sense of guilt or the unanswered question of "Why" their loved one or friend would commit such an act. As America's health responders, let's all do our part to support and raise awareness of this National Crisis not only in September but all year long.

Marion G. Collins, LCSW/BCD
LCDR USPHS
Naval Medical Center Portsmouth
Command Suicide Prevention Coordinator

Training Activities/Resources

American Heart Association - Training for Healthcare Providers

http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course_UCM_303220_SubHomePage.jsp

NIOSH Training for Nurses on Shift Work and Long Work Hours:

<http://www.cdc.gov/niosh/docs/2015-115/>

The Collaborative Education Institute Presents Immunization Administration Training - 2015

http://www.gotocei.org/Events/GetBrochureHtmlFull?eventID=5d3958cb-bc48-46fd-896d-79fb865d630a&utm_source=iContact&utm_medium=email&utm_campaign=CEI&utm_content=June+27%2C+2015

New CPH Pilot on Alternate Eligibility for Public Health Professionals

The National Board of Public Health Examiners (NBPHE) is pleased to announce a pilot program to assess whether the knowledge and skills assessed by the Certified in Public Health (CPH) Exam are relevant to public health practice and can be acquired by individuals working as public health professionals. Individuals who have a **bachelor's degree and at least five subsequent years' public health work experience** will be eligible to take the CPH exam during the computer-based testing period of **October 1-31, 2015**. Most Public Health Service officers qualify under the pilot program eligibility.

Because robust participation is needed to evaluate the results of this pilot program, participants will be charged a **discounted rate of \$150**. The regular price is \$385.

Individuals participating in the pilot who pass the exam will be certified in public health. Take this opportunity to set yourself apart. Passing the CPH Exam may be another feather in your cap for promotion within the Commissioned Corps.

Additional information, including test locations and the exam content outline, can be found on the NBPHE website at www.nbphe.org. In addition to study resources available from the NBPHE, the Association of Schools and Programs of Public Health will supply complementary access to its ASPPH CPH Study Guide.

Registration for the October 2015 CPH Exam is now open.

REMINDER FOR ALL COMMISSIONED OFFICERS

1. Check your Tier: Review the RedDOG website and verify your deployment Tier. Do you have one listed? Is it correct? If the answers to these questions are no, send us an email so we can address it email RedDOG-Response@hhs.gov
2. Check your contact numbers: Are your contact numbers correct? Due to the fluid nature of mobilizations, we sometimes will need to reach out to you on the fly with changes to your orders and /or itinerary. Having an off duty number and mobile number on file is critical so we provide you with up to date information and directives while you are in transit.
3. Check your email addresses: Provide us with a primary and secondary email address. It is imperative that you can access your primary email remotely (on deployment using a personal laptop tethered to hotel Wi-Fi or a personal hotspot as an example) and that the email service provider accepts attachments from outside networks.

Upcoming Events

Register Now for the 2015 AMSUS Meeting in San Antonio, TX

REMINDER UPCOMING DEPLOYMENTS

- Deployments in Support of Missions in Guinea & Sierra Leone
- Papal Visit to Washington D.C., NYC and Philadelphia (Missions Fully Staffed)

Photo Courtesy of LT Vicky Verna deployed to Guinea in support of the Ebola Mission



RedDOG Newsletter Team

CAPT Jane Kreis	LCDR Elizabeth DeGrange
CDR Scott Conner	LCDR Pattama Ulrich
LCDR Anastasia Shields	LCDR Molly Rutledge
LCDR Marion Collins	LT Brian Lees
LT Yvonne M. Santiago	LT Simleen Kaur
LT Teisha Robertson	LT Melanie Moore
LTJG Stephanie Mros	

Interested in submitting an article to feature in any of the sections?

* Articles are due by the 15th of each month

* Please include a title and state your name in the "by" line.

* Pictures are welcome!

To join the Deployment Working Group send an email to RedDOG-Training@hhs.gov



"If your gym membership is \$37.50 per month, that means you're paying \$262.50 per workout!"