



The Caduceus

The Voice of the Medical Category

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We welcome any future contributions, articles, essays, profiles of officers, creative writing, and artwork. Please send articles to Tanya.Wroblewski@fda.hhs.gov or Suzette.peng@fda.hhs.gov

PPAC Chair Corner

Summer vacation...Fall continuation

Dear Fellow Medical Officers,

August marks the beginning of the end of summer. You may be contemplating one last retreat to the mountains, escape to the beach or outing closer to home with family and friends. Summer sunshine enhances our mood and reminds us to enjoy the beauty and bounty of nature.

So Dana, how did you spend your summer vacation?

- Read books
 - Favorite fiction: Wonder by R.J. Palacio
 - Favorite nonfiction (tie): The Hidden Life of Dogs by E.M. Thomas and
 - The Life Changing Magic of Tidying Up by Marie Kondo
- Purged my closet (see above)
- Swam, biked and ran
- Visited three favorite redheads: my sister, granddaughter, and new niece
- Walked beaches
- Adopted a fourth sato (Puerto Rican street dog) to complete our pack

With Boda, Bebe, Zita and Zorro – my understanding of “pack” has increased hyperbolically. These are the first dogs of my adult life. As a kid, we had a couple of canines, but none were mine. I bonded more with the felines. Although I’ve never disliked dogs, I had all the standard reasons for why “a” dog would be too much of a commitment, responsibility, or face it – inconvenience. “My cichlids are my pets!”

But an interesting thing happened on the way to the dog park... I am reminded that the experiences in my life which have required diligent effort and unwavering endurance are the ones that have afforded me the most personal growth.



If you are looking for an opportunity to commit – to share your unique talents for the betterment of our community and fellow officers, USPHS Physicians Professional Advisory Committee (PPAC) has deal for you. We have activities in over a dozen subcommittees, PPAC voting membership and periodic service opportunities – such as coordinating and presenting public health recognition to medical students or planning and moderating a PPAC Forum. During the next two months we will solicit at least 7 new Voting Member positions. These are 3 year terms, appointed by the Surgeon General. Please look for the announcement and attend the 18 AUG business meeting for more information. Soon to follow will be the call for abstracts for Category Day at the USPHS symposium in Oklahoma City, 16-19 May 2016. Come and tell us about what you do, why you do it and what that work means to the community you serve.

What does it mean to be a part of a PACK, or in this case a PAC? You have a better understanding of your place in an organization that can seem vast and even disparate. You no longer see yourself professionally as only your job or your agency, but as a part of something much larger. And even on this grander scale, your voice (or howl) is heard more clearly. You are recognized and appreciated. You are groomed and cared for. You are more connected to your history and your future.

And with that segue...please join me in thanking RADM Boris Lushniak for being a heroic supporter of the Commissioned Corps and quite possibly the coolest PHS officer EVER! You have inspired officers and created a stronger Commissioned Corps.

...and in congratulating RADM (sel) Erica Schwartz on her selection as the next Chief Medical Officer of the USCG. You are a staunch advocate of public health. Under your leadership, the Coast Guard will become a measurably safer and healthier Service.

With gratitude,



Dana Thomas, PPAC Vice-Chair





RADM Boris Lushniak



CAPT Erica Schwartz

READY TO SERVE

Medical Category Readiness

by LCDR Rachel Idowu

This article provides the latest readiness statistics for the Medical Category, as of October 1st, 2014. Of the 811 medical officers on active duty, 670 (83%) were described as “Basic Ready.” This is a 6% improvement upward from 77% readiness in June 2014.

Descriptor	Value (%)
Total medical officers	811
Basic ready	670 (83)
Not basic ready	109 (13)
Exempt	32 (4)

*The top 3 categories for readiness are:
Therapists 94%
Environmental Health 91%
Dieticians 90%*

The Medical Category currently ranks 8th place

Overall, 87% of USPHS commissioned officers (5828 of 6720) are basic ready.

Welcome and Farewell

The Medical Category welcomes
these **Officer Basic Course 79** graduates
to the Commissioned Corps!



From Left to Right: LCDR Lee Astle, IHS; LCDR Mark Ritter, FDA; LCDR Stephany McGann, BOP;
CDR Suyoung Chang, FDA; LCDR James Fenno, USCG; LCDR Adetinueke Boyd, FDA; CAPT David Goldman

Not pictured: LCDR Latanya Austin, IHS; LCDR Paul Bloomquist, IHS

Profiles from the Field



PPAC Profile- CAPT Ha Tang

Many of us have come to know CAPT Ha Tang's tireless energy as co-chair of the PPAC Recruitment Subcommittee, former co-chair of the Training Subcommittee, or through other PPAC and IHS activities. Often outspoken but always respectful, his enthusiasm for PHS and the Commissioned Corps can be overwhelming at first, but, as one gets to know him, it's hard not to admire his commitment.

His uniformed career began as a Navy General Medical Officer through the Health Professions Scholarship Program. After serving more than three years in the USN following residency training, he joined the USPHS at the urging of his supervisor in the Navajo Nation. He has been a dedicated IHS officer going on his 12th year of Commissioned Corps service. Unquestionably passionate about PHS, he is deeply concerned about the growing shortage of physicians and how it will impact the already understaffed IHS hospitals, which are the most critically in need.

Board certified in Family Medicine, his early professional goals were to treat underserved populations, which he continues to do today and in the coming decades. Enjoying the frontlines, he maintains a busy urgent care and outpatient clinic schedule in addition to his administrative duties as Deputy Chief of

Family Medicine at IHS Hospital, Tuba City, AZ, and TB Control Officer of Tuba City Regional Health Care Corporation. He proudly has never missed a day of work due to illness. Humbled by his job in communities with crushing poverty, he is motivated by being able to modify behavior in the young to affect change and improve their health for the long term.

Inspired by the lives of Abraham Lincoln and Lieutenant General Jonathan Wainwright, CAPT Tang is most impressed with the leadership lessons these two great Americans hold for uniformed officers. Through their examples, he reflects that LTG Wainwright taught to endure the unendurable. He admires Abraham Lincoln for his unswerving conviction to ideals which kept the Union intact. Despite the costs, he persevered in doing what he believed was right.

CAPT Tang feels effective medical leadership entails the ability to constantly acquire new knowledge and adapt to emerging threats and challenges. Through three successful webinars, he urged all category officers to embrace this perspective to affect change. Towards that aim and to expand training opportunities, he is now in the midst of setting up a monthly leadership, public health, and disaster preparedness training webinar for all interested officers. He hopes to inspire officers to not only focus on immediate matters but also anticipate potential issues facing our nation and seek better preparedness through training and education.

He has given presentations on disaster preparedness and public health training at the Medical Disaster Response Conference in Las Vegas for several years and the Association of Military Surgeons of the United States (AMSUS) Annual Meetings. An invited speaker at many other national conferences including the American Osteopathic College of Occupational and Preventive Medicine Conference, he had over 20 lecture engagements in the last 5 years. He founded the Navajo Nation PHS Officers Deployment Readiness Training Program in 2010.

Promoting the PHS is also a top priority in CAPT Tang's presentations. He is eager to share PHS accomplishments around the US and even organized a conference featuring the 17th US Surgeon General. Recognized with multiple medals for his efforts, he remains modest regarding personal achievements. He prefers to concentrate on bolstering the success of colleagues as a mentor and also founded the Navajo Nation PHS Officers Mentoring Program. He generously reviews CVs and promotion packet materials for any PHS officer who sends it to him. He never refuses a request and has critiqued over 160 CVs so far!

CAPT Tang is a dynamic asset to the Corps, leading through example and genuinely dedicated to always helping others whether they are patients, junior officers, or colleagues.

PPAC PHYSICIAN OF THE YEAR WINNERS

Congratulations CDR Oster and CAPT Humpherys!



(Left to Right) CDR Alexa Oster, VADM Vivek Murthy, CAPT Dwight Humpherys

PPAC Research Physician of the Year

CDR Alexa Oster
Centers for Disease Control and Prevention

PPAC Clinical Physician of the Year

CAPT Dwight Humpherys
Indian Health Services

Category Day: Highlights & Impressions

By LCDR Rachel Idowu
Centers for Disease Control and Prevention

Challenged –to pursue a career with passion. Inspired –to contribute to our PHS legacy. Chided – to be the change we want to see in our patients, fellow officers, and communities. Amazed – at all we can accomplish when we devote our lives to service. These are impressions that I invariably hold as Category Day comes to a conclusion each year. Tuesday, May 19, 2015, represented my fourth Category Day (my third as a Commissioned Officer) so I still consider my Category Day experience to be relatively new as I learn the names, faces, and roles of senior PPAC leadership. For some of my fellow medical officers, Category Day is new for you, as well. You may not have been able to attend because of conflicts at your duty station or for financial reasons. This synopsis of Category Day is intended to give all officers a glimpse of the remarkable day so that hopefully, in 2016, the Medical Category can be even better represented.

Over 75 medical officers attended a day that began with a moving overview of the unique roles filled by PHS medical officers during the Ebola epidemic – specifically those that did not deploy to staff the Monrovia Medical Unit. **CAPT Jordan Tappero** described multiple roles he fulfilled on behalf of the Centers for Disease Control and Prevention (CDC). In Liberia, he linked CDC to the United States Agency for International Development and the Department of Defense in the early days of the epidemic. He also highlighted aspects of his later role as the Deputy Incident Manager in the CDC Emergency Operations Center. **CDR John Beltrami** described his role on the Inquiries Team in the CDC EOC developing Ebola screening and management operational guidelines for U.S. health care facilities. **LCDR Satish Pillai** weaved recollections of his deployments to Liberia with the reality of training U.S. health care workers to staff Ebola Treatment Units (ETU) in Anniston, AL. **LCDR Jevon McFadden** shared poignant stories of the disparate experiences of leading infection prevention and control in Sierra Leone versus serving the State of Michigan as the medical epidemiologist monitoring returned West Africa travelers. **LCDR Erik Reaves** highlighted the realities of working at a CDC quarantine station screening passengers for Ebola exposure or for evidence of viral hemorrhagic fever as they exited aircrafts into the US. (Because the Monrovia Medical unit deployments were covered in special sessions throughout the COA/COF Symposium, the Medical Category Ebola Panel focused on non-MMU Ebola response activities).

Psychological resilience among health care providers was emphasized through an ever-intensifying series of presentations by **RADM Thomas Bornemann** (USPHS, retired; now representing The Carter Center), **CDR Meena Vythilingam**, **CAPT George Ceremuga**, and **CDR Sarah Arnold**. The Carter Center has trained a mental health workforce that made an impact before, during, and now after the Ebola epidemic in Liberia. Because of the success achieved in Liberia, the Carter Center has also been engaged to establish similar training programs in Sierra Leone. CDR Vythilingam focused on optimism and cognitive reframing as the backbone of mental and physical health. CAPT Ceremuga and CDR Sarah Arnold described the self-care that PHS officers can administer to themselves (as well as their patients)

using Reiki and battlefield acupuncture. CAPT Ceremuga reminded medical officers that though uniformed activity duty officers represents less than one percent of the nation's population, we are collectively the most disciplined population in the United States. Our faithfulness to self-care can serve as an example to the rest of the United States.

The morning session was rounded out by four scientific presentations. **CAPT Wanda Barfield** described the unique vulnerability of pregnant women and children during emergencies. She presented the elements of a post-disaster surveillance platform for this population that assesses home integrity and access to prenatal clinic appointments. **CAPT Dana Thomas, LT Laura Edison, and LT Laura Adams** shared their recent scientific work focused on vector-borne and zoonotic disease. The presentations emphasized how the local health jurisdiction must coordinate surveillance and interventions.

"Practical" and "timely" are appropriate descriptors for **CAPT Christine Casey's** overview of scientific publishing. As an editor for the CDC's Morbidity and Mortality Weekly Report, her deep knowledge of the public health and medical publishing industry benefited medical officers who are seeking to disseminate findings from their work.

Three officers, **CDR Curi Kim, LCDR Nisha Money, and LCDR Jevon McFadden** recounted the medical and political crisis that developed in 2014 by a tremendous influx of unaccompanied minors across the southern border of the United States. These officers offered explanations for circumstances that led the children to leave their homes, described the federal agencies typically involved in managing migration of undocumented individuals, and the complex dynamics of how the United States Public Health Service had to insert itself as a humanitarian entity even while representing the federal government and working within Department of Defense parameters.

Finally, the highlights of Category Day were presentations from RADM Boris Lushniak, CAPT David Goldman, and CAPT Paul Jung. **CAPT Jung** highlighted his new role in the Peace Corps and described his vision for how USPHS medical officers may become an integral part of the Peace Corps medical platform in the future. **CAPT Goldman**, our Chief Professional Officer, summarized the current state of the medical category – including recent recruitment statistics and his recent message to the Promotion Board. He reminded us of the leadership roles we often assume within the Commissioned Corps and strongly urged us to present ourselves as leaders by meeting our obligations, including basic readiness (the Medical Category is among the lowest tier of all USPHS categories in Basic Readiness compliance). (A special highlight: CAPT Goldman was on hand to personally thank and congratulate each speaker throughout Category Day).

RADM Lushniak presented his "Top 10" for being a PHS physician. ***The reasons speak for themselves:*** **10.** We have the best mission. **9.** We have the best team. **8.** Our indelible values. **7.** Working for PHS is a land of opportunity – your only limitation is yourself. **6.** Job mobility is built into our professional lives. **5.** Medical officers receive great benefits. **4.** Passion – if you're not feeling passionate about this job, you should change something! **3.** We have a legacy. Medical officers have worn the PHS uniform the longest. Every surgeon general in history has been a physician. Things never end with us – individual

careers may end, but our legacy and connection to the PHS lives on. **2.** From the moment of our commissioning, we step into leadership roles. **1.** The camaraderie developed through the diversity of experiences, during “day jobs” and deployment, offers each of us an opportunity to tell the best stories.

“We tell the best stories” – and Category Day – every year gives each medical officer a chance to hear and share those stories. For that reason alone, I plan to be at every Category Day I can while I am an active duty officer, and probably even when I retire.

Don’t miss out – this is your professional family. See you next May 17th in Oklahoma City.



**All physicians in attendance at Category Day
May 19, 2015**



PHS Officers from West African countries that have been affected by Ebola

These officers thanked the PHS during the ensemble in their native tongues.

The Hispanic Officers Advisory Committee (HOAC) Sponsors Health Fair for the Atlanta Community: Kick-Off Event of the USPHS Symposium

By CDR Evelyn Rodriguez



As is tradition, the HOAC performed a health service for the local community as an important activity of the USPHS Symposium. Nationwide, HOAC Officers organized, hosted, and participated in a health fair at the Plaza Fiesta Shopping Mall the afternoon of Sunday, May 17, 2015. The mall was packed with shoppers, and Univision and Telemundo advertised the event heavily. Indeed, LCDR Evelyn Rodriguez and CAPT Ken Dominguez from the CDC were interviewed by Mariela Romero of Univision's "Conexion" show airing the night prior to the event, encouraging the community to take advantage of the many free services offered by stalwart supporters of the Atlanta Hispanic community including health facilities and community service providers.

About 20 USPHS Commissioned Corps Officers and community volunteers worked alongside the staff of the Northside Hospital Cancer Institute, Consultorio Médico Hispano, CIMA International Women's Health Services, the Mexican Consulate and their Ventanilla de Salud Program, the Latin American Association, Univision, the DeKalb County Board of Health, and AA and AI Anon. Blood pressure, glucose tests, height/weight and nutrition counseling, cancer prevention and screening information, alcohol

abuse and AA and Al Anon meeting information, HIV counseling and testing, pregnancy tests, breast exams and appointments for diagnostic and screening mammograms were some of the services offered.

When asked, Hispanic shoppers heard about the event from the media, word of mouth, and by direct marketing before and during the event. Registration opened at about 11:30 AM with several early birds, and, by 1 PM, 45 people were registered and queuing for the free services.

One hundred and thirty-seven (137) people were given personalized health cards with their personal data to share with their health care provider (HCP) for follow-up. Participants were very engaged in the process and were very interested in all the information provided.

All 137 participants had glucose testing; two of whom were known diabetics with elevated blood sugars requiring referrals to the emergency room for immediate assessment and follow-up appointments the next day for continuity of their care. One of these admitted not being able to perform the routine blood glucose home monitoring recommended by the doctor because he could not afford the device and the supplies required. One severe hypertensive was identified and referred for medical care.

The Mexican Consulate's Ventanilla de Salud program saw all 137 participants and provided diabetes risk assessment and nutrition and physical activity counseling. The program also distributed 135 medication discount cards and provided additional referrals to three (3) individuals who asked where they could find a sliding scale clinic in their geographic area. In addition, the Dekalb County Health Department provided HIV testing and counseling for 71 persons.

Thirty-eight (38) breast exams were done by CIMA; 5 were diagnostic and 3 had symptoms with 20 appointments for screening mammograms provided by the Northside Hospital Cancer Institute. All women were educated about breast cancer screening and monthly self-exams. In addition, six (6) pregnancy tests were done with one positive test. Education regarding screening and prevention of gynecological cancers and other cancers were also rendered.

The demand was very high for these free health care and information services, and several community members asked for more such events. These Atlanta based organizations routinely offer such events and plan several in the upcoming months. These organizations requested more leadership and participation in conducting these health fairs from the USPHS Commissioned Corps.

The USPHS Commissioned Corps should consider how to expand such grass roots collaborations nationwide to advance the Surgeon General's National Prevention Strategy and eliminate health disparities.

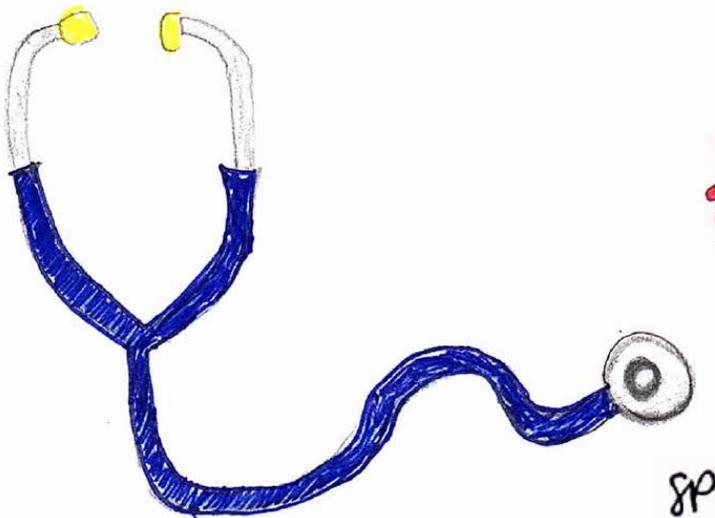
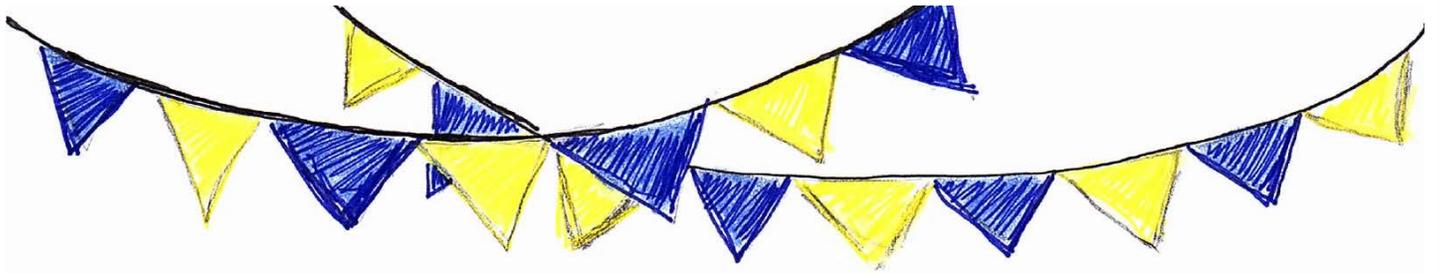


Illustration based on Belmont University Health Fair logo 2011

Health Fairs and Healthy Eating

by LT Jennifer Nelson and CAPT Heidi Blanck

Childhood obesity is an important problem facing the public health and medical communities. According to the Centers for Disease Control and Prevention, there are 17% of children and adolescents aged 2-19 years with obesity with a prevalence of 20% among 12- to 19-year olds.¹ Hispanic and non-Hispanic black children are disproportionately affected by childhood obesity as are children living in poverty.¹ Children with obesity are predisposed to a broad range of health problems, including cardiovascular disease, impaired glucose tolerance, respiratory problems, musculoskeletal problems, nonalcoholic fatty liver disease, and psychosocial problems.² Children with obesity are more likely to become adults with obesity³ and, therefore, may face a lifetime of health problems.

Curbing childhood obesity will require a multifaceted approach, including teaching children the importance of healthy eating. Efforts targeting middle school students are particularly important because these children are beginning to make independent choices, including those related to nutrition and physical activity. Therefore, USPHS CAPTs Heidi Blanck and Nancy Williams and LT Jennifer Nelson (pictured) participated in the Healthy Lifestyle Fair at Chamblee Middle School (Chamblee, GA). During this event, middle school students rotated through various health and wellness stations, including the school's garden which contains vegetables, fruits, and herbs. The officers were responsible for taking the students through the garden and pointing out the various herbs as well as discussing with the students easy ways to incorporate vegetables and herbs into their diets (e.g., adding fresh basil to pizza). The students were given the opportunity to taste and smell an array of herbs, including chives, parsley, and fennel. Many students were excited to learn that fennel has a slight licorice flavor and that lavender has a soothing smell. Students were also given the opportunity to taste several vegetables that are "packaged to go," including snow peas, sugar snap peas, and mini carrots. Finally, students discussed different gardening methods from use of synthetic fertilizers to composting based on existing garden beds at the school.

Teaching middle school students about herbs and vegetables is one small step towards curbing the childhood obesity epidemic. It is important to help students establish healthy eating habits as early as possible since these will be carried through a lifetime. As USPHS physicians, we all need to make an effort to be part of the solution to address childhood obesity whether at the national, state, local, or tribal level.

1. Centers for Disease Control and Prevention. Prevalence of Childhood Obesity in the United States, 2011-2012. <http://www.cdc.gov/obesity/data/childhood.html>. Published 2014. Accessed December 3, 2014.
2. Han JC, Lawlor DA, Kimm SY. Childhood obesity. *Lancet*. 2010;375(9727):1737-1748.
3. Whitlock EP, Williams SB, Gold R, Smith PR, Shipman SA. Screening and interventions for childhood overweight: a summary of evidence for the US Preventive Services Task Force. *Pediatrics*. 2005;116(1):e125-144.

SURGEON GENERAL VISITS PHS OFFICERS IN THE TAMPA BAY AREA

By CAPT Esan O. Simon, MD, MBA, FS, USPHS (Esan.O.Simon@uscg.mil)

U.S. Surgeon General VADM Vivek H. Murthy, MD, MBA embarked on a robust tour in January to interact with and visit PHS Officers and community leaders around the country. In addition to personally welcoming home Monrovia Medical Unit Teams 2&3, other site visits have included Birmingham, AL; Atlanta, GA; Kansas City, MO; Orlando, FL; Miami, FL; Indianapolis, IN; Cincinnati, OH; Cleveland, OH; and Dearborn, MI. With his goals of learning about the PHS Commissioned Corps, strengthening the Commissioned Corps, and building cross-sector partnerships in communities to address the epidemics of obesity, tobacco-related disease, and reduce the stigma associated with mental illness, VADM Murthy visited PHS Officers in the Tampa Bay area on February 5, 2015, where Officers from multiple agencies enjoyed a dinner on the Tampa Bay waterfront with VADM Murthy and a few members from his staff.

A multi-disciplinary group of ten PHS Officers from the Food & Drug Administration (FDA), Bureau of Prisons (BOP), and U.S. Coast Guard (USCG) were privileged to have a personable, engaging discussion with the 19th U.S. Surgeon General throughout the evening. Greeted with loud cheers by restaurant patrons as he entered in uniform, VADM Murthy shared his vision with the Officers for his tenure as the Surgeon General, fielded a variety of questions from the group, and shared some of his personal journey on the road to becoming America's Doctor.

Despite the compressed schedule including multiple cities in successive days and a two-hour drive immediately after dinner to the next destination, the Surgeon General was gracious with his time providing personal interaction and discussion with each PHS Officer and he was sure to afford the opportunity for both individual and group photographs of the evening (see photo below). With limited cross-agency interaction in the Tampa Bay area prior to this event, the PHS camaraderie developed during the evening with VADM Murthy also provided an enriching professional development opportunity for all PHS Officers present.

Invigorated and blessed by our time with the Surgeon General, all PHS Officers left the evening motivated to serve in our respective areas and disciplines to protect, promote, and advance the health and safety of our Nation.

Special thanks to LT Laura Annetta (Surgeon General Aide-de-Camp) and LT Mike Gifford (FDA) for coordinating this event. Should you have the opportunity in the future to meet with the Surgeon General, we would all encourage you to do so and if you are tasked with coordinating such an event or are searching for protocol guidance, etc. for such an occasion, reference the "U.S. Public Health Service Officer's Guide Leadership, Protocol, & Service Standards" 2nd Ed. <http://www.coausphs.org/docs/news/OrderForm-PHSOfficersGuide-SecondEdition3.pdf>



PHS Officers Pictured (Left to Right):

LCDR Samantha Pinizzotto (FDA), LCDR Gene Gunn (FDA), LT Michael Tollon (FDA), LT Michelle Brown (BOP), CAPT Randolph Coffey (USCG), VADM Vivek H. Murthy, CAPT Esan Simon (USCG), LT Michael Gifford (FDA), CDR David Schatz (USCG), LCDR Marlene Nicholson (BOP), CDR Leslie Cartmill (FDA)

PHS PRESENTATION AT USF MORSANI COLLEGE OF MEDICINE

by CAPT Esan O. Simon, MD, MBA, FS, USPHS (Esan.O.Simon@uscg.mil)



Opportunities abound for PHS Officers to engage with the local community, educate the public on the PHS Commissioned Corps mission and core values, as well as establish partnerships with organizations. While we all diligently attend to our daily duties in our respective disciplines and agencies and may sometimes think of some of our tasks as mundane, you may be pleasantly surprised at the impact and interest generated by sharing your story with others in your community.

One such opportunity occurred at the University of South Florida (USF) Morsani College of Medicine in Tampa, FL, on February 20, 2015, where medical students from multiple classes heard a presentation and asked questions on a wide range of PHS, Department of Defense, and Coast Guard topics. Having presented at the USF Medical School in 2014, CAPT Esan Simon, MD, FS, USPHS (US Coast Guard) was invited by the Medicine in the Armed Forces group to return to speak at USF about the PHS and his experience in the Navy and now Coast Guard.

With several first year students in attendance as well as students with no prior uniformed services background and students not affiliated with the military's Health Professions Scholarship Program (HPSP), hearing about the PHS and learning about the Commissioned Corps were the first PHS exposure for many present. The afternoon was interactive and engaging, as students asked a variety of questions from topics such as uniformed services career development, operational medicine deployments, military structure, personnel orders, PHS opportunities, etc. There was also interest in seeking medical student rotation opportunities with the PHS and USCG, and, with HPSP students from both the Navy and the Air Force present, the cross-service interaction was enriching.

In seeking opportunities to protect, promote, and advance the health and safety of our Nation,

realize that your experience as a member of the PHS Commissioned Corps could potentially provide invaluable insight and encouragement to others who may have similar interests. Health service organizations in your local area may be eager to have you share your story.

Should you have the opportunity for a PHS presentation in the future, it is always recommended to seek approval from your supervisor and or appropriate point of contact in your chain of command. A potential source for presentation material on PHS history can be found at <http://usphs.gov/aboutus/history.aspx>, and a potential source for PHS statistical information can be found at http://dcp.psc.gov/ccmis/statuscharts/REPORT_Public_Pivot.aspx. Tips on public speaking can be found in Ch. 7 of the “U.S. Public Health Service Officer’s Guide Leadership, Protocol, & Service Standards” 2nd Ed. (<http://www.coausphs.org/docs/news/OrderForm-PHSOfficersGuide-SecondEdition3.pdf>).



YOU'RE HIRED, ICARUS...OR, NOT

By CAPT Milton Irizarry, MD, MPH

So, there you are! You finally got that promotion that only you deserved. You now feel pretty well accomplished. Congratulations! But it so happens you're also getting restless with your current position and are ready for new challenges; more authority beckons you. Or, your dream job was just announced and you want it with all your heart. And what could be easier? Your CV is impeccable. All your awards and COERs-straight 7s - are proof you can do all but walk on water. The hiring authority would have to be crazy not to take one look at your CV and Cover Letter and hire you immediately. Or, so you think.

If my own personal experience is any indication, things rarely play out that smoothly. What usually happens is you apply for a position thinking yourself a shoo-in. You're then offered an interview and -- Surprise, Surprise! -- you find yourself blindsided by some of the questions. Simple questions! Only intended to elicit what you are like as a flesh-and-bones officer and not related to what is obvious from your CV. You stumble through those questions and yet think that even on the fly you can still soar. Finally you receive news someone else got the position. What went wrong? Wasn't I the best candidate? I can feel your pain. I've flown like Icarus too.

The story of Icarus in Greek mythology is a cautionary tale of failure at the hands of hubris. Intent on escaping captivity, Icarus built wings of feathers and wax. They were good enough to fly on; but, full of confidence, he flew too close to the sun, which melted his contraption causing him to plunge to his death. This scenario in which our beliefs about our capabilities stumble against reality is played out daily not just in the corporate world but in PHS as well. (Call it The Icarus Syndrome, if you will.) It is frustrating, but you need to realize that PHS is also run -- as it should -- like a well-oiled corporate machine. Interviews are part of the process of getting positions, and the best-performing officer is hired. Realize the difference between corporate headhunters and PHS is that we wear a uniform. Our hiring authorities still look for the same attributes as our civilian counterparts.

In order to succeed at getting your dream job, you must come to terms with the notion that the CV, CL, and COERs are nothing more than parts of the screening process. The interviewer wants to see how you would handle a situation you're likely to encounter in your new billet. And you'll rarely be the only one applying for the position, especially if it is a "dream job."

Most of these interviews take place on the phone. If they take place in person, more power to you, as you can now dazzle your interviewer with your personality and how good you look in uniform. But, if not, you must prepare yourself to impress your interviewer with just your voice and eloquence. And you will likely have only about 30 minutes to do so.

So, here are a few tidbits I've learned in my 12 years as an officer -- all gleaned from stumbling during phone interviews and the rejections that followed. Take them for what they're worth.

Set the Stage:

Make sure you have no distractions. If a staff member interrupts you in the middle of the interview, it sends the wrong message to the interviewer that maybe you are careless since you did not make plans to forestall interruptions. And remember that, oftentimes, there is more than one person listening in.

Prepare Yourself Physically:

Make sure you're relaxed. Nervousness often shows. One technique I use is meditation and deep breathing, which you can do in your chair. I make sure I go out for a run the night before to get rid of the excess stress.

Since the interviewer can only hear your voice, make sure it sounds clear. I avoid coffee or foods that may aggravate my acid reflux and make my voice croak like a frog. Take care to enunciate properly. There is nothing wrong with having a regional accent. But if it interferes with your being understood, it could be the deciding factor whether you get the position or not. HRs look for hires that are articulate. Remember they are often looking for officers who are not only articulate but can address groups -- often large -- as leaders should be able to. Make sure your phone on the other side does not sound like you're screaming. So be careful when you put it on speakerphone. Since on the phone you have less chances of impressing your interviewer, speaking slowly and clearly will take a long way.

Anticipate...Anticipate...Anticipate the Questions:

This, I've found, is the most important technique for preparing for an interview, whether in person or on the phone. Most of the time there are no right or wrong answers. Often the interviewer just wants to hear how well you can communicate ideas Write a script of your potential answers, so you don't give long-winded answers to simple questions. All answers to potential questions are amenable to being scripted. Even presidential candidates know this. So, go ahead and take advantage of that trick from the common politicians' bag of tricks and take the time to anticipate and script your answers. Just make sure you don't sound like you are reading from a script. So practice your script.

A Sampling of Potential Questions:

What interests you about the position?

Make sure you know as much about the position as possible, including the history of the hiring agency. In an interview for a dream job with Medicare, I was asked what I knew about the history and function of the agency, down to its creation in 1965. Luckily that time I had prepared myself for such question and had scripted my answer too.

Do you prefer to work alone or as a team?

Even if you prefer the former, be aware that employers including PHS agencies, and look for people who work well with others. Also, the push for diversity is all around us, and rare will be the job where you'll be required to work alone or with others just like yourself. Our agency is as diverse as they come. So voicing strong opinions for continuing as a lone wolf or working with officers similar to you may toll your death knell.

Why do you want to leave your current position?

Don't badmouth your boss. But, if your current work environment is one with a lot of team dysfunction and poor morale, maybe you should go ahead and say it, adding that you want to work in an organized place with a strong sense of mission. The typical platitudinal answer that you're looking for greater challenges may not sound very honest. Or, then again, that may actually be the case. Or, go right ahead and tell them you want a higher billet for promotion if that is the case. Hiring authorities know that an officer seeking to promote is willing to work hard for that promotion.

What will you do if you don't get the position?

I was asked this question during an interview with a high ranking and highly recognizable HHS official. I bit my tongue after I blurted out, full of Icarus-like hubris, that I was also interested in another similar position with another agency. If you don't see my name attached to some of the communications we get from HHS headquarters, you know the results of that interview.

What is your greatest accomplishment?

Even if you can play Bach on the piano with one hand tied behind your back, keep it relevant. During an interview for a coveted spot, I answered how I've managed to raise wonderful children, which at the time felt like my greatest accomplishment. That answer prompted my interviewer to smile condescendingly, which, in turn, quickly made me realize it wasn't my kids he was trying to hire. (Read the answer to the previous question for the result of that interview.) So, stay on track. Your greatest accomplishment should be described as one directly related to the position you're seeking.

...And of course, your greatest failure?

Don't beat yourself to death in the answer to this question. Make it sound like, in the end, it was a learning experience for you. And don't blame somebody else for your failure. That shows you're not willing to assume responsibility.

Other questions you're likely to encounter:

Give an example of your working as a member of a team.

How do you take on a leadership role in your agency?

A tricky question: *Tell me of a conflict you've had with a supervisor and how you resolved it.*

This one was perhaps the trickiest question I've had during an interview. I tried to sound positive and made it sound like it was a learning experience for me without saying anything too controversial.

...with a subordinate? Again make sure you don't go into waters that are too deep.

How would you handle an underperforming officer?

My answer: Pull the officer into your office and ask him/her if there is anything that may be hindering performance. At the same time, you express your willingness to help him/her succeed. Then break the news that he is not working up to par. Offer to help.

What is the best job you've ever had? The worst?

Go ahead and describe your best job in laudatory terms, pausing to explain why you left. As for your worst job, bad mouthing your current job may send a signal you're just trying to escape a bad situation and are not necessarily interested in the position being offered. There are exceptions though. But, if it is truly the case, go ahead and say it. I did that recently for a dream job and explained I wanted to work in a highly organized agency like the one I was applying to and to leave the dysfunctional one I found myself in. An honest answer.... But, for some reason, I failed to get the position.

Two questions I was asked during my BOP interview:

If you interview with this agency, these same questions will likely be asked of you.

What would do if an inmate holds you hostage at knifepoint?

The BOP expects you to answer that you won't try to be a hero and follow the inmate's directions.

What would you do if an inmate makes an indecent sexual proposal during a visit?

Immediately ask the inmate to step out of the exam room and report the incident. (This actually happened to me.)

And finally, the one question I will never forget: What animal best describes you?

Believe it or not, this question was asked of me during an interview for the dream job with Medicare above. "A horse!" I blurted back, expounding on my qualities of hard work and loyalty, as everyone knows all horses work hard and are loyal, to what I thought was a very receptive audience.

On my drive back from the interview, my cell phone rang. I answered without looking at the screen, certain it was from my Medicare head interviewer to offer me the job. Alas, it was my wife calling me about a domestic issue. I never heard from Medicare again and later found out someone else got the job. I felt miffed since one of the interviewers had mentioned his answer during his own interview was "a snake." A snake! What a terrible answer I thought to myself. But he was hired and I wasn't. Oh well, so much for hubris and a sense of entitlement.

There are a myriad of potential questions for an interview depending on many factors such as the hiring agency and other peculiarities. The point is that you should anticipate them and prepare to give well thought-out answers.

Cut Your Losses, or...Celebrate!

Regardless of the result of the interview, always act professional. Follow up with a thank-you email even if you're certain you won't get the position. You never know what can happen! You may be the second pick and get the call when the first pick cannot assume the position. But, if you don't thank the interviewer for his time and efforts, you may come across as a bad sport. And that may translate into the hiring authority going for the third pick.

Finally, be mature. Don't even think, or dare suggest, the hiring authority is afraid you'll outshine them in their job and stage a successful coup d'état. (I have been quietly guilty of this kind of hubris too... But only once, though!) Even if at some level that is true, more than anything such attitude will only be cause for a hearty laugh.

Finally, if things don't go as wished, let me share my one consolation after my interview misadventures. I googled those who beat me out for positions. Each was superbly qualified. That infused with immense pride in the USPHS despite the rejections.

Here it is hoping the wax is in the candles you may put on your celebratory cake and not in your wings. Good luck!

PPAC Announcements

Future PPAC Meetings:

- **Tuesday, August 18, 2015 (Business call, VM attendance required)**
- **Wednesday, September 16, 2015 (PAC Forum, attendance recommended)**
- **Thursday, October 15, 2015 (Business call, VM attendance required)**
- **Tuesday, November 17, 2015 (PAC Forum, attendance recommended)**
- **Wednesday, December 16, 2015 (Business call, VM attendance required)**

--- ALL CALLS WILL START AT 1300 EASTERN STANDARD TIME ---

Dial-in number is 866-816-2251 or 517-477-5361

Passcode is 9700730.

Remember the PPAC is the forum where you can voice your concerns. Your attendance makes the PPAC stronger and your voice louder. BE THERE!

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