



# *The Caduceus*

***The Voice of the Medical Category***

***Winter 2015-2016***

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Happy New Year! The winter 2015-2016 newsletter includes great articles covering a wide variety of topics. The lead article discusses the impact and role LCDR Kieran has made in the IHS and Corps. For female officers, additional information is provided regarding the female leadership program. There is a timely article about the Annual Physical Fitness test followed by an excellent article about leadership. Lastly, there is an interesting article about traditions. We appreciate all the pictures and articles contributed by everyone. We welcome any future contributions, articles, essays, or profiles of officers. Please send articles to [Tanya.wroblewski@fda.hhs.gov](mailto:Tanya.wroblewski@fda.hhs.gov), or [Suzette.peng@fda.hhs.gov](mailto:Suzette.peng@fda.hhs.gov)

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## *PPAC Chairs' Corner*

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Friends and colleagues;

A year wraps up, and a new one arrives, full of potential, full of opportunity. But foremost, full of gratitude.

Thank you, for the opportunity to serve, and especially for the challenges. You have dared us to dream bigger - including an element of the impossible in life's daily formula. It makes for a less predictable, yet somehow more robust equation. You have encouraged us to make calculated choices: Moving outside of this incredibly comfortable existence to get our hands dirty – some days bringing tears of joy...others tears of frustration. But when it's time for sleep, a smile of gratitude and heavy lids greet us nightly.

For 2015, we count among our greatest blessings the increased involvement of many new subcommittee chairs and members. You have invigorated the PPAC with your ideas and energy. A wonderful slate of voting members, harkening back to the old scouting song, "Make new friends, but keep the old, one is silver and the other gold." Several of you stepped up to accept special assignments with OSG's task forces, providing physician representation on issues that range from IT security to skin cancer prevention. Our CPO has kept us apprised at every turn on issues from promotion to pay. We thank you all for listening, and for leading us through interesting times. Last but certainly not least, we would like to welcome the newest member of our PPAC leadership team, CDR Sara Luckhaupt.

CDR Luckhaupt joins us as the 2016 PPAC Vice-Chair. Beginning her second term as a PPAC Voting Member, CDR Luckhaupt is no stranger to PPAC endeavors – from co-leading the Recruitment Subcommittee, to accepting the reins for the Medical Student Public Health Awards Program from former PPAC Chair CAPT Paul Jung who



**CDR Sara Luckhaupt: PPAC vice-chair for 2016.**

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## PPAC Chairs' Corner

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started it as a pilot program in 2011. In 2015, the Public Health Awards Program received nominations and granted recognition to medical students at over 57 US schools, and are on track to increase that number in 2016! This is an excellent opportunity to plant the seed of PHS service in many medical students' minds.

Make "Yes!" the mantra for 2016. When options are presented, rather than filter them through arbitrary preferences – *Just say yes!* Dinner reservations at 7 pm, or a raw food cleanse? *Yes!* Madagascar in May, or Santorini in September? *Yes!* How about a

5k, an ultramarathon or completing an APFT\*<sup>1</sup>? *YES!* Don't hesitate when a friend wants to see a Hollywood action blockbuster rather than an indie film. Do what someone else wants, exactly because it wasn't your idea.

*Your co-chairs,  
Dana & Ezra*

*P.S. Add a smile.*

*P.P.S. When others says "NO," also smile...and know that's where negotiations begin.*

### **2016 PPAC**

#### **Physician Professional Advisory Committee Meeting Dates**

Jan	Wednesday	1/27/2016	Forum
Feb	Thursday	2/25/2016	Business Call
Mar	Tuesday	3/22/2016	Forum
Apr	Wednesday	4/27/2016	Business Call
May		--	(Symposium)
Jun	Tuesday	6/21/2016	Business Call
Jul	Tuesday	7/26/2016	Forum
Aug	Wednesday	8/24/2016	Business Call
Sep	Wednesday	9/21/2016	Forum
Oct	Thursday	10/27/2016	Business Call
Nov	Tuesday	11/15/2016	Forum
Dec	Wednesday	12/14/2016	Business Call

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\*<sup>1</sup> See page 7 for more information on how to prepare or help a buddy prepare for the new 2016 APFT. For many Presidential Fitness Challengers, this may be a first-time event. We are here to support you.

## **Making Her Mark: A general surgeon with the Indian Health Service**

**By LCDR Rachel Idowu**  
Centers for Disease Control and Prevention

LCDR Jennefer Kieran was recently honored with the *Female Physician Leader of the Year Award* by the Military Health Service (see sidebar for more information on the Military Health Service and her award). Though she received her USPHS commission in 2013, she has served in the Indian Health Service (IHS) since 2006. When she arrived at the IHS as a civil servant, she established her clinical practice as a general surgeon at the Phoenix Indian Medical Center. While many PHS officers migrate into public health billets from a previous clinical practice, several PHS officers choose to remain clinically active as IHS officers or within the Coast Guard. Though the spectrum of clinical duties fulfilled by PHS officers are broad, few practicing surgeons such as LCDR Kieran exist in the USPHS -- even fewer of them are female.

In light of this, LCDR Kieran should be considered a true visionary. She entered the IHS intending only to fulfill her National Health Service Corps scholarship obligation, but became inspired by a senior PHS officer (CAPT Laura Tillman) who mentored her, promoting and modeling a vision of clinical care, programmatic change, and professional growth that she had not previously considered. LCDR Kieran realized that through the USPHS she could influence the process of care beyond the treatment she provided to any single patient.

During her time at the IHS, she has ascended to the Chief of Surgery position in a tertiary referral hospital (PIMC) that serves over 45 tribes and greater than 100,000 Native American and Alaskan Native people. Among her achievements at PIMC, she co-founded the *Peri-Operative Surgical Home* as an initiative to improve coordination of the care delivered to sick surgical patients. She introduced the Advanced Laparoscopic Program to PIMC which vastly expanded the range of minimally-invasive surgical procedures available to the patient population. She is also championing a bariatric surgical program that will give the IHS patients more therapeutic options to combat morbid obesity and its deleterious effects. Her capacity for identifying a need, designing, and then launching programs to respond to that need has been recognized by her peers and superiors. She reflected, "In IHS, you tend to fall into leadership roles as the person who is most capable. It's not that I was seeking out the Chief of Surgery position, but I was the one [most qualified for it]."

Though her clinical achievements are outstanding, among LCDR Kieran's most commendable activities are the efforts she has made to mentor students, residents, and junior officers. For those she mentors, she makes every effort to highlight growth opportunities within the IHS. At times, the IHS can be perceived as not having enough opportunities for deployment or promotion, but LCDR Kieran insists that, even if an officer is not deployed, opportunities for professional development still exist. She commented, "A lot of it is educating people on the various IHS categories and what to expect and what is right for them." She advises junior officers who are seeking a mentor to look for the following qualities: approachable; knowledgeable; an individual who is an expert in his or her field; an individual who can articulate several different possibilities for professional development to you (especially if the junior officer is still formulating long-term career goals).

For officers who are in a position to serve as mentors to junior officers, she acknowledged, "For me, it's been trial-by-fire. I've looked for every opportunity to take on leadership training development. It's important to be a mentor and mentee simultaneously – there's always something to teach and learn at the same time." As an example of dual mentorship, LCDR Kieran and her colleague, CDR Dorothy Sanderson, PIMC Chief of Internal Medicine, are launching a ***Female Commissioned Corps Physician Leadership Group*** at PIMC. Established to serve both junior and senior female physician officers, the intent of the group is to provide support and networking for the professional and personal growth of female physician officers. CDR Sanderson explained that "It is very easy to feel isolated as physician officers. Particularly in the Indian Health Service, where many sites are remote, it can make such a difference to feel connected to others with whom one shares a common vision. We hope that our group will eventually reach out to these isolated locations, and find ways through technology to overcome the isolation that we all can feel." (Their next meeting is scheduled for 21 January 2016).

Facing the reality that the IHS in the Phoenix area had no medical officer successfully promote in 2014, LCDR Kieran ultimately hopes to see career paths and mentorship

## **The Military Health Service Female Leadership Program**

[deadline 22 January 2016]

By LCDR Rachel Idowu

In September 2015, four female USPHS officers found themselves welcomed into a larger community of mid-level female Department of Defense officers during the annual Military Health Service (MHS) Female Leadership Program (Falls Church, Virginia). As nominees for the MHS Female Physician Leader of the Year Award, LCDR Jennefer Kieran (IHS), CDR Dorothy Sanders (IHS), CDR Liza Lindenberg (NIH), and LCDR Rachel Idowu (CDC) were invited to attend this two-and-a-half-day intensive leadership development experience. The goal of this program is to provide an interactive leadership development opportunity targeted at emerging and/or prospective mid-level female physician-leaders in order to develop their professional and personal skills to successfully lead and manage healthcare at more senior levels. Active duty female physician leaders from each DoD service at the O-4 select, O-4, or junior O-5 grade were selected for attendance. They had the opportunity to interact personally with Admirals and O-6 officers from all uniformed service branches (Rear Admiral Dawn Wylie represented the USPHS).

Practical discussions centered around how to improve clinical practice and programmatic challenges encountered in various duty stations as diverse as a naval hospital ship, hospitals serving the family members of deployed service members, or federal health agencies

*Continue on page 6*

opportunities for IHS officers eventually expand because “isolated officers are not easily deployable. So they don’t get opportunities to promote from those positions. It is very important to have mentors to help you explain and justify the position you’re in to help with promotion.”

During her nine-year career with the IHS (two as a Commissioned Corps officer), LCDR Kieran has admirably distinguished herself as a leader both in a unique clinical niche of the USPHS and as a role-model for junior female officers. Summarizing that “the relationships you create with staff and with your patients are the most rewarding,” it is clear that despite LCDR Kieran’s many awards – including the prestigious ***Female Physician Leader of the Year Award*** – she has maintained a sense of what is most valuable in her work as an officer, embodying in every way USPHS values of leadership, service, integrity, and excellence.



LCDR Kieran (center) with her surgical team at the Phoenix Indian Medical Center.

*Continued from page 5*

The experience was rounded out by pre-assignments that asked attendees, prior to their arrival, to interview senior female officers who have distinguished themselves in a particular uniformed service branch. During the leadership program itself, it was tremendously gratifying to the USPHS representatives to see that they were welcomed and respected as fellow officers in service to the American people. These USPHS officers also gained a much broader understanding of the role that clinically- and public health-trained professionals can play within the Department of Defense and the Department of Health and Human Services. The nearly three day course also gave them a chance to improve their understanding of military customs, courtesies, and protocols – yes, things like wearing one’s cover, saluting, and standing to attention really do matter if one wishes to wear the Commissioned Corps uniform with pride and distinction.

**In 2016, up to five USPHS officers will be selected to attend the 11-13 April 2016 at the Defense Health Headquarters, Falls Church VA. Interested officers should visit the PPAC website**

**(<https://dcp.psc.gov/osg/physician/>) to obtain the Nomination Form, MHS Leaders Course Criteria and draft Agenda. Military Treatment Facility Commanders/Supervisors are encouraged to nominate their brightest and most promising female physician leaders. Applications are due NLT 22 January 2016 to USPHS POC, CAPT Dana Thomas, at [dthomas6@cdc.gov](mailto:dthomas6@cdc.gov).**

## **Never Completed the Annual Physical Fitness Test? What Better Time than Now?**

By CDR John Su  
Centers for Disease Control and Prevention

As the holiday season ebbs, and we find ourselves pondering New Years' resolutions, it's also a good time to consider your health and the Annual Physical Fitness Test (APFT).

**The only means of meeting fitness requirements for Basic Readiness is now the APFT.** As of 1 July 2015, the President's Challenge was discontinued as a means of fulfilling physical fitness requirements for Basic Readiness.<sup>2</sup> An updated APFT takes effect 1 January 2016; details are available on the Commissioned Corps Management Information Site (CCMIS):

[http://dcp.psc.gov/CCMIS/RedDOG/REDDOG\\_APFT\\_m.aspx](http://dcp.psc.gov/CCMIS/RedDOG/REDDOG_APFT_m.aspx).

As of 12 November 2015, 116 medical officers (15%) have never completed an APFT — too many! The reasons why are many:

- Medical problems might not allow completion of part (or all) of the APFT.
- An officer might be stationed in a billet overseas or in an isolated location, and thus unable to find a fellow officer with whom to complete the APFT (another officer needs to monitor and confirm successful completion of the APFT).<sup>3</sup>
- An officer might need help understanding the components of the APFT and what to do to



successfully complete the APFT.

- An officer might need a little nudge or motivation to complete the APFT. 😊

**Here's the bad news:** failure to complete the APFT means failure to maintain basic readiness. If an officer is eligible for promotion, they must maintain

basic readiness at the time of the two readiness checks the year of the current promotion cycle (e.g., for

<sup>2</sup> [http://dcp.psc.gov/ccmis/ccis/documents/POM15\\_004.pdf](http://dcp.psc.gov/ccmis/ccis/documents/POM15_004.pdf)

<sup>3</sup> [https://dcp.psc.gov/CCMIS/PDF\\_docs/PHS%20APFT%20Procedures%20&%20Instructions.pdf](https://dcp.psc.gov/CCMIS/PDF_docs/PHS%20APFT%20Procedures%20&%20Instructions.pdf)

2016, the 1 January and 1 April 2016 readiness checks).<sup>4</sup> *Even if recommended for promotion, an officer will not be promoted if they are not Basic Ready on these readiness checks.* If failure to maintain Basic Readiness is considered “deterioration of performance,” it can also lead to forfeiture of special pays – meaning your paycheck shrinks.<sup>5</sup> No Bueno!

**Now for the good news:** there are a *lot* of ways an officer can complete the APFT and/or fitness requirements for Basic Readiness.

- Any component – or all – of the APFT can be waived. Can’t do push-ups because of a shoulder injury? There’s a medical waiver for that. Are you bedridden because you’re delivering triplets next week? There’s a medical waiver for that. The exact procedure for obtaining a medical waiver is beyond the scope of this article, but for more information, please contact the Medical Affairs Branch: 240-276-8780. [http://dcp.psc.gov/ccmis/DCCPR\\_medical\\_affairs\\_m.aspx](http://dcp.psc.gov/ccmis/DCCPR_medical_affairs_m.aspx)
- Are you overseas or a seven-hour drive from the nearest fellow Corps officer? Many officers come stateside or to a more officer-populated location to complete Basic Life Support certification. The same trip would be an opportune time to complete the APFT as well. The local (where you’ll be stateside) chapter of the Commissioned Officers Association could have officers familiar with the APFT who could meet with you to complete the APFT. Alternatively, such officers might be available for remote monitoring (e.g., perhaps via Skype?). To find the chapter nearest your stateside location, please contact the COA: 301-731-9080. <http://www.coausphs.org/>
- Can’t stand the thought of walking, let alone running, by yourself? Is getting to the ground easy... But pushing off the ground simply too much? That’s what friends are for! 😊 Physical exercise is a terrific way to decompress, especially if done with company. Chances are, there are co-workers and/or friends who’d be happy to train with you as you work toward your fitness goals – people who, alongside you, can help you go that extra push-up, one more crunch, or shave that extra second off your time.



Photo courtesy of <http://uniquehow.com/5-minute-exercise/>

<sup>4</sup> [https://dcp.psc.gov/ccmis/promotions/PROMOTIONS\\_force\\_readiness\\_m.aspx](https://dcp.psc.gov/ccmis/promotions/PROMOTIONS_force_readiness_m.aspx)

<sup>5</sup> [https://dcp.psc.gov/ccmis/PDF\\_docs/2223.pdf](https://dcp.psc.gov/ccmis/PDF_docs/2223.pdf)

The above ideas are just a few ways to help officers who've never completed the APFT to successfully complete their first APFT. With 731 medical officers, there are likely countless other ideas of how to get from Point A to Point B – let's hear them!

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## How to Avoid Common Leadership Traps

CAPT John Iskander

Commissioned Corps officers in the US Public Health Service perform in a variety of different leadership roles, some temporary and some permanent. Officers may be asked to serve as leaders in deployment or clinical settings, lead teams or projects, or direct large organizations or initiatives within the federal government. Leadership is both an opportunity and a privilege, but carries with it inherent challenges and risks. Thankfully, help is available. Through both extensive "leadership literature" and historical case studies, there exists a body of knowledge about some of the pitfalls of leadership, and ways they can be avoided.

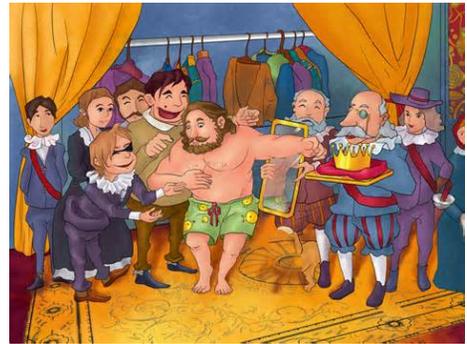
### Groupthink

One of the most famous and well-studied leadership traps is termed "groupthink." There is often pressure on leaders and subordinates to follow prevailing views. Team members may be unwilling or unable to argue against or oppose a course of action on which it appears the group (work team, clinic, etc.) has already decided. Both groups that operate by consensus decision making and those that have more formal ways of making decisions (e.g. voting) can be prone to groupthink. People may not want to speak out as the lone dissenter or have their lone vote opposing a particular course of action put "on the record." Agreeing with the group is often described as "going along to get along," but it can have tragic consequences. There is now broad agreement that the Space Shuttle Challenger disaster of 1986 largely resulted from organizational "groupthink" within NASA, in which time and mission pressures overwhelmed safety concerns of scientists and engineers about launching the shuttle under unexpectedly cold conditions.

For a counter example, recall the story of the



Emperor's New Clothes. In this story written by Hans Christian Anderson, an Emperor is fraudulently sold a supposedly "invisible" new set of clothes. Only a small child was willing to speak the truth and declare that "the Emperor has no clothes." So how can "groupthink" and the poor decision-making it can lead to be avoided? Ways to avoid groupthink include encouraging open dialogue around difficult or controversial issues, ensuring that contrarian views are raised and discussed, critically analyzing what seem to be the best or most popular decision options, and going beyond traditional circles to seek decision-making input. Leaders should encourage open discussion of operational alternatives and explicitly give their staff or team members "permission to speak freely." If no one in the group has an opposing opinion, the group may not be big enough or diverse enough. Assure that opposing viewpoints are readily available. Seek consultation from non-traditional response partners, such as ethicists.



How do we translate this guidance into practical advice we can use as leaders? Don't just ask if everyone agrees. Listen for phrases like "devil's advocate" which may indicate underlying concerns people may be seeking to minimize so as not to be seen as dissenting from the group. Seek private consultations if you know or suspect someone on the team has an opposing view or relevant information they are hesitant to share with the group. Task team members deliberately with making the case for alternate decisions or action strategies, even if they do not personally hold that view. Examine and question data and information that supports a particular course of action not simply to try and tear it down but to ensure rigor of analysis and decision-making.

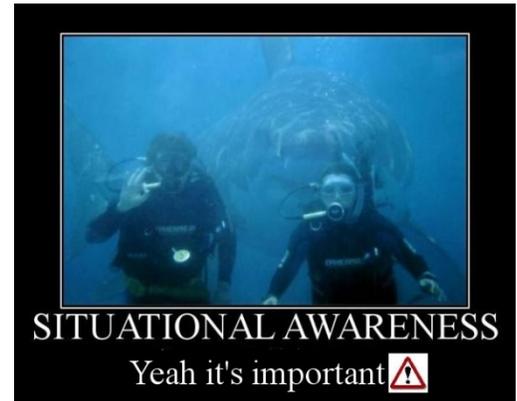
### **Going to the Basement**

Public health crises, including outbreaks, natural disasters, and terrorist incidents, typically require rapid decision making. Decision making in crisis situations is prone to another leadership trap, which has been termed by the National Preparedness Leadership Initiative as "going to the basement." This leadership trap has a basis in neurobiology. As leaders, we go with our "gut instincts," relying on older parts of our brain such as the amygdala that are involved in "freeze, fight, or flight" responses, rather than using our frontal cortex which is involved with higher thought processes.

"Going to the basement" refers to decision making that is rushed, seemingly driven by emotion, and which may not take all of the available facts into account. Neuroscience also offers a possible solution with the finding that talking out problems and decisions serves to activate the frontal cortex, which can lead to more reasoned decisions. Many common sayings capture the wisdom of not acting too rapidly or rashly at a time of crisis: "Don't just do something, stand there." "The first thing you should do in a code is take your own pulse."

Leaders can stay "out of the basement" by maintaining constant situational awareness as new information about an emergency becomes available, talking openly about decision options, and

deliberately considering a broad range of possible actions. We also need to draw on our training, connectivity, and self-awareness. Drills, exercises, tabletops, and other types of training offer good opportunities to simulate and practice making difficult decisions under emergency conditions. Fellow officers or other colleagues may be facing similar types of decisions in different organizations or field settings, and so consulting with them is another way to “talk it out” and keep your cortex engaged. Mindfulness is another tactic to guard against rushed decision-making; this means simply being aware that you or other leaders are at risk of “going to the basement” and watching for this type of behavior in yourself and others. The response to the 2013 Boston Marathon bombings provide a positive example of leaders recognizing they were in danger of reacting too rashly and taking steps to lead the response more rationally. Police, fire, emergency management, and governmental leaders reported quickly making the mental transition from a profound sense of shock to a “quick burst of resilience.” This confidence was based on experience gained from drills and exercises which included bomb-related scenarios, as well as trust in the ability of colleagues and the systems they led to work together.

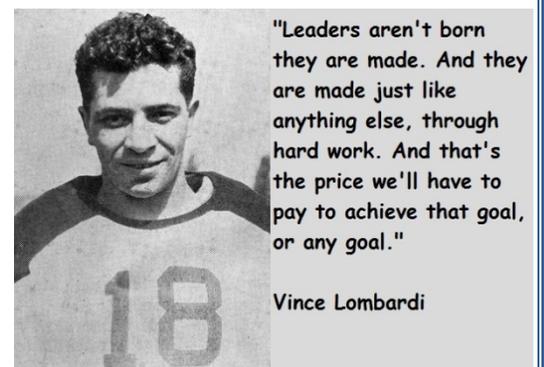


### **Decision-free leadership**

Leadership is characterized by the need to make decisions. These can be wide-ranging but may involve personnel, budget, or allocation of resources during a deployment. Decision-making by itself is not a leadership trap, but the decision-making process can go wrong in a number of ways. Sometimes it may appear that there are only a limited number of decision options, but historical examples such as the Cuban Missile Crisis suggest that widening the decision space to consider more options can be advantageous. President John F. Kennedy and his advisors considered at least six separate responses to the placement of Soviet missiles in Cuba before proceeding with a naval blockade that began the resolution of the crisis. Deliberately task yourself and other team members with researching additional decision options.

An important question to ask is whether the right people have been consulted about a decision. This is not the same as making sure that everyone has been consulted about a decision, which often serves simply to delay the process. Effective leaders recognize that failing to make a decision, or not making one in a timely manner, is in itself a form of decision making. Such “non-decision decisions” have real-world consequences. For example, if deadlines are missed, resources to support programs or emergency responses may no longer be available. “Decision-free leadership” is, as we would say today, “not a thing.”

The current Basic Officer Training Course prominently features a quote from Vince Lombardi about how leaders are made, not born. Building leadership skills takes conscious effort and



continuous practice, in addition to awareness of common ways in which the leadership process can break down. Knowing how to guard against these stumbling blocks can help all Commissioned Corps officers to become better leaders under a variety of circumstances.

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## Pictures from the Field

The following two pictures display medical officers LCDR Hokhale and LCDR Appiah on Epi-Aid Investigations. The pictures were submitted by LT Jennifer Nelson, CDC.



LCDR Runa Gokhale and LT Monita Patel in Austin, Indiana, where they participated in CDC's response to an outbreak of HIV in Austin and surrounding Scott County.



LCDR Grace Appiah balancing specimen collection kits and questionnaires during a field investigation to determine the impact of chikungunya virus infection and disease in the U.S. Virgin Islands.

Disclaimer: Please note that officers participating in field work are often advised or requested by local, state, tribal, national, or international authorities to not wear their USPHS uniform while in the field, in order to protect the safety of the officer and maintain a low profile during the response.

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## ***ORIGINS & TRADITIONS: The Dining-In Ceremony***

CAPT Esan O. Simon, MD, MBA, FS, USPHS

Esan.O.Simon@uscg.mil

With social functions and various events and traditions essential to the history and tradition of the Uniformed Services, having some familiarity with such functions and participating in them are key components of professional development and building esprit de corps in not only the Public Health Service (PHS), but also the Uniformed Services of which we as PHS officers are a part. One such time-honored tradition is the military Dining-In ceremony. PHS officers assigned to U.S. Coast Guard Air Station Clearwater, FL, had the opportunity to participate in the unit Dining-In on April 10, 2015.

In contrast to a Dining-Out where service members' spouses and personal guests are invited, a Dining-In is a formal dinner comprised only of the officers of the unit sponsoring the event. Donned in Dinner Dress, these "Officers of the Mess" ("Mess" derived from the latin word *mensa*, meaning table) congregate for a formal evening of celebration steeped in history.

This history traces its roots back to the earliest military victory celebrations in the opening centuries of the Christian era where Roman military commanders frequently held great banquets to honor individuals and units and the booty of recent conquests. The Viking era likewise had similar celebrations upon return from raids from distant shores where feats of strength and skill were performed to entertain the members and guests. From King Arthur's Knights in the sixth century to British soldiers introducing the "mess night" to colonial America with the U.S. Continental Army and Navy subsequently adopting the tradition, the Dining-In embodies centuries of military history, camaraderie, fellowship, and the honoring of regiments, ships, standards, battles and those who have given their life in service.



(left to right) CDR David Schatz, CAPT Randolph Coffey, CAPT Esan Simon

The organization of the Mess provides understanding of the structure of the event. The main Mess personnel include the President of the Mess, the Vice President ("Mr. Vice"), and Master at Arms, each having specific functions throughout the ceremony. A structured format, a Dining-in is comprised of various elements such as the 50-minute social hour at the beginning of the evening, the "Officers Call" ushering members into the dining room, presentation of Colors, grace by the Chaplain, opening remarks by the President of the Mess, Missing Man Table Ceremony, "Parading of the Beef," the "Grog Ceremony," etc. (See references for full list.) Proper honoring of these customs as well as ensuring no

violations of the “Rules of the Mess” such as improper uniform wear are essential elements for the officers of the Mess to be aware.

*References:*

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2. OPNAVINST 1710.7A
3. “Service Etiquette.” YONKE, Catherine: Social Director, Naval Aviation Schools Command, Naval Air Station Pensacola, FL.

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## *Welcome and Farewell*

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Submitted by CDR Lindenberg, CDR Hurst and LCDR Smith



### ***OBC 80(June)***

*(L-R)*

*CAPT Goldman with  
LCDR David  
Schnabel(CDC), LCDR  
Douglas Hendrex(IHS)  
and LCDR Toya  
Kelly(BOP)*



***OBC 81***

*(L-R)*

*ENS Lucy Ma(USUHS), LCDR Stephen Halla(USCG-Mobile, AL),  
LCDR Abayomi Jones(USCG-Petaluma, CA), CAPT Goldman(CPO),  
ENS James Underwood(USUHS), ENS Danielle Flood(USUHS),  
CAPT Darrel Singer(PHS Senior Advisor to USUHS)*



***OBC 84***

*LCDR Joy Hsu(CDC), Lcdr Leisha Nolen(CDC), Lcdr Emily Peterson(CDC),  
LCDR Snighda Vallabhaneni(CDC), Lcdr Ikwo Oboho(CDC), Lcdr Philip  
Wixom(USCG, Warrenton, OH), Lcdr Lauren Epstein(CDC),  
LCDR Kevin Chatham-Stephens(CDC), CAPT Goldman(CPO) is in the middle.*

***OBC 82 and OBC 83***

*LCDR Buschman(BOP), Lcdr Hastings(CDC), Lcdr  
Millman(CDC), Lcdr Petrosky(CDC), Lcdr  
Sumner(CDC), Lcdr Yacisin(CDC), Lcdr Petrosky(CDC),  
LCDR Robinson(CBC), CDR Steiner(USCG),*

*PPAC Newsletter Staff:*

*CDR Wroblewski, CDR Peng, LCDR Idowu, LCDR Nelson, CAPT Irizarry, CDR  
Lindenberg, CDR Hurst, LCDR Smith, LT Nelson, CDR Modi, CAPT Taylor,  
CAPT Thomas, CAPT Barzilay*

*Please submit photos, articles, comments, editorials for the Spring newsletter  
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