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Scientist Officers Assembled for a Group Photo at the 2018 National Disaster Medical System Training Summit in Atlanta, GA
In the late 1980s, Sharon Williams-Fleetwood was working as a laboratory scientist studying opiate tolerance and dependence in rats. While she enjoyed that work, the opportunity to join the United States Public Health Service was too good to pass up and she was commissioned as an Officer on October 24, 1988. She joined the Agency for Toxic Substances and Disease Registry (ATSDR) in the early stages of the Agency and was able to build and develop programs that formed the foundation of the Agency’s work. The work of the Agency provided a perfect blend of engaging science and direct interaction with communities that satisfied Sharon’s desire to apply her scientific expertise to real life situations. Throughout the 80s and 90s she found great opportunities for creativity and innovation at ATSDR.

Thirty years later, CAPT Williams-Fleetwood is preparing for retirement. As she reflects on her career, she appreciates the diversity of experiences she was able to have, even while working within ATSDR for 30 years. She developed curriculum in environmental health and trained professionals from all over the world. She worked in program management as a technical project officer for six state partners. She served in management roles as a Section Chief, Branch Chief, and Deputy Director. It was in these roles that she found her passion for developing staff and bringing out the best in other people.

CAPT Williams-Fleetwood’s skill in developing people was also recognized by Commissioned Corps leadership and she was appointed as Chief Professional Officer (CPO) for the Scientist category from 2009 through 2013. This appointment was the culmination of a long involvement with the Professional Advisory Committee (PAC) that started early in her career. In her early years of involvement, she would wake up in Atlanta, go to the airport, fly to DC for PAC meetings in the Surgeon General’s conference room, and then fly back to Atlanta that evening. During her tenure as CPO she worked to increase the visibility of the Scientist category and highlight the level of expertise provided by Scientist Officers. During her last year as CPO, RADM Lushniak and RADM Carmona presented her with the Surgeon General’s Exemplary Service Medal at the 2013 SciPAC Category Day with many Scientist Officers in attendance. The honor was especially memorable because it came from people she saw as mentors and because she was able to share it with other Scientist Officers whom she had been leading.

A lot has changed, both scientifically and within the Commissioned Corps, over CAPT Williams-Fleetwood’s 30-year career. One of her early projects involved reevaluating conclusions in old documents because the blood lead reference level had been reduced to 25 micrograms per deciliter in 1985 (as of 2012 that level has been reduced to 5 micrograms per deciliter). She went through numerous documents to see if any changes in recommendations would be necessary given the updated action level. Changes within the Commissioned Corps have been even more dramatic. When her career started there was no internet or email, she had to travel to DC to check her personnel file, and there was an expectation to wear the uniform one day a week. The changes have been largely positive with a much easier process to do most things from the computer including uploading information directly to the eOPF. The visibility of the Corps has also

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increased through daily uniform wear. CAPT Williams-Fleetwood feels that the changes have strengthened the Corps over the years.

Change is again a topic of conversation within the Commissioned Corps. While changes may present challenges, CAPT Williams-Fleetwood would encourage Officers to embrace those challenges. The challenges, whether within the Corps or a current job, lead to opportunities for growth, development of new skills, and leadership. Her advice is to be willing to get out of your comfort zone and take on new challenges as they arise. The structure of the Commissioned Corps prepares Officers to deal with challenges and identify solutions. She is confident that Officers will continue to rise to the occasion and demonstrate their ability, resilience, and dedication to the mission of the Commissioned Corps in the coming years.

CAPT Williams-Fleetwood is excited for her life after retirement. She plans to enjoy life by having more time for family and friends. She is looking forward to having the flexibility to do what she wants, when she wants to do it. While there will be a change associated with ending her 30-year career, she does have one constant that started before she Commissioned and will continue into her retirement – her husband Ronnie. They have been together for 40 years and married for 32 years. He is looking forward to having Sharon join him in retirement and she is looking forward to living each day like a weekend. She cherishes their time together and looks forward to more opportunities to create memories together. They will be very busy in the early months of Sharon’s retirement as they already have several trips scheduled through December.

A retirement ceremony was held for CAPT Williams-Fleetwood on September 21, 2018. The retirement ceremony included presentation of an American flag through the Old Glory ceremony and remarks from many colleagues from ATSDR. Several Scientist Officers participated in the retirement ceremony with many more in attendance. CAPT Williams-Fleetwood extends her heartfelt thanks to all of the Officers who helped with the ceremony. Special thanks go to CAPT Karon Abe and CDR Matthew Newland for presenting CAPT Williams-Fleetwood with the Retiring Distinguished Service Scientist Award on behalf of the Scientist Professional Advisory Committee.

With so much change over 30 years, it is remarkable that the research CAPT Williams-Fleetwood was conducting in the 1980s on opiate dependence is still relevant today with the current opioid epidemic. While her contributions to public health have been great, they have been magnified because she is a member of the United States Public Health Service. She is excited by the passion and dedication she sees in current Officers and looks forward to continued excellence from Scientist Officers to address current and future public health needs. She will leave behind a lasting legacy of devotion to service and commitment to developing skills in others. CAPT Williams-Fleetwood’s retirement was official as of November 1, 2018.

By LT Brad Goodwin
According to Merriam-Webster, the definition of spooky includes the sentiment of excitement. It’s often frightening how much time can pass between seeing our fellow scientists; even those local to us. So, it’s not surprising that when the DC-area Social Team announced the 2019 Halloween Party, kindly hosted by CAPT Eckert and his wife, the scientists came out for the night. The creativity of the costumes was really awesome, including: Victorian Vampires, a life-sized Banana, Indiana Jones, Mario and Luigi, an adventurous pirate, even the Pope herself (CAPT Eckert’s wife) and her Swiss Guard (CAPT Eckert). Other officers came disguised in their civilian attire, creating a relaxed atmosphere for robust scientific debate and human subject experiments on the edibility of cookie décor (results pending). For a night, the tasty treats were consumed with glee and the competitive Pop-A-Shot basketball burned the calories—Watch out PHS Athletics, SciPAC’s got game! The spectacular thing about these gatherings is that we take the time to get to know the amazing Scientist Officers we serve alongside. Sometimes in uniform, junior officers may be uncomfortable around more senior officers; senior officers may be too busy to chat. But, All Hallows’ Eve allows us to summon our esprit de corps, allowing officers who may be geographically close but work at differing agencies to meet each other (or their creatively costumed alter egos), and support our common calling to protect, promote, and advance the health and safety of our Nation through scientific excellence.

By LCDR Iman Martin, LCDR Jonathan Leshin, LCDR Tyann Blessington and LCDR Israel Cross
Saturday, October 27, 2018, the SciPAC Atlanta Socials Team held their first Halloween party in the Atlanta area. Approximately 30 officers and their loved ones met together at the home of LCDR Colleen Scott for food, drinks, music, and great camaraderie. Thanks to the inaugural USPHS Epidemiology Forum held at CDC the day before, several non-Atlanta based officers joined the local crowd. LCDR Scott and event organizers ensured that LCDR Scott’s home was beautifully decorated to match the Halloween theme. CAPT Jennie Thomas, SciPAC Chair, provided an official welcome to officers. CDR Kamil Barbour, LCDR Zewditu Demissie, and LT Ana Lauer showed off their dancing skills in front of the group by doing the “Macarena.” The event also included a costume contest. A number of officers were decked out to celebrate the holiday, which made judging very difficult. In the end, CDR Andrea Sharma and LT Shayne Galloway (and wife) were crowned our winners. The Atlanta Socials Team looks forward to hosting this event again in the future.

By LCDR Zewditu Demissie, CDR Kamil Barbour, and LCDR Colleen Scott
What do you know about the history of the Scientist Category? Our category was established in 1945, but did not become an official “active” category until 1984 when the first Chief Professional Officer (CPO), CAPT James “Jim” McTigue was appointed. On the SciPAC homepage there is a brief history of the USPHS and the Scientist Category (https://dcp.psc.gov/OSG/scientist/history.aspx), but what has been officially documented about the Scientist Category in this brief history is a total of four sentences. Wouldn’t it be cool if we knew a lot more about the history of our category, of our Scientists, and the types of impact by those before us on the Commissioned Corps and the lives of Americans? If you answered “yes”, you are not alone. Our immediate past Chairperson, CDR Robin Toblin, and Executive Committee also agreed that it was time we made a concerted effort to do some research on ourselves.

During 2018, the SciPAC Historian Team was reformed and aligned under the Visibility Subcommittee. The team currently consists of five members. Our initial goals are to gather as much of the early history through interviews with past CPOs, review of other existing literature, and collection of various artifacts related to the Scientist Category. Through a number of phone calls and emails, we have slowly begun collecting various pieces of a very intricate puzzle that has been in the attic for many years. To piece together what is known and unknown, we have also begun forming a timeline outlining major milestones and activities. Every piece of information seems to provide us with another rabbit hole to go down and another person to track down. We’ve also began a broader review of PHS history to help inform what we’ve learned about Scientists before the Category was “active.”

**So how did the Scientist Category come to be officially recognized in 1984 alongside other existing Categories?** Despite Scientist Officers participating in a number of major efforts prior to the 1980’s, it was not until CAPT McTigue was detailed to Commissioned Corps Personnel for another project that he led the push to formally establish the Scientist Category. That other project CAPT McTigue was working on was Surgeon General C. Everett Koop’s Report on AIDS. CAPT McTigue co-wrote the report on AIDS along with Dr. Michael Samuels. The report was highly controversial and highly visible at the time. Subsequently, working together with RADM Faye Abdellah, the first woman and first nurse to serve as Deputy Surgeon General, the Scientist Category became “active” and CAPT McTigue became the first CPO. Obtaining an official designation as a Category was the first of many steps to come. CAPT (Ret.) McTigue told me when I spoke to him, “A lot of what we did was organizing because we were able to do outreach into all agencies.” He went on to say some of the earliest priorities were uniform wear and increased participation as a Professional Advisory Committee (PAC). After retiring from the PHS, he served as the Director of Operations for the AIDS clinical trials group that evaluated an initial antiretroviral treatment, and then eventually moved to South Carolina to teach. CAPT (Ret.) Jim McTigue still lives in South Carolina.

We will begin to regularly disseminate this information through the SciPAC newsletter and other platforms. If you are overwhelmed with excitement about the possibility of learning more about the Scientist Category, and would like to be involved, contact LT Shayne Gallaway (lnx7@cdc.gov).

By LT Shayne Gallaway  
SciPAC Visibility Subcommittee, Historian Team
The 2018 National Disaster Medical System (NDMS) Training Summit was held from July 24-26 at the Georgia World Congress Center in Atlanta. In addition to USPHS officers, who were invited to attend the summit for the first time, summit attendees included individuals from across the U.S. who comprised various Disaster Medical Assistance Teams (DMAT), Disaster Mortuary Operational Response Teams (DMORT), Trauma and Critical Care Teams (TCCT), National Veterinary Response Teams (NVRT), and Incident Response Coordination Teams (IRCT).

Mandatory sessions for NDMS and PHS attendees included Fit Testing and sessions for familiarization with personal protective equipment (PPE), Joint Patient Assessment and Tracking System (JPATS) and electronic medical record (EMR) for personnel who provide patient care. Hands-on skill stations were held throughout the summit to augment skillsets of the various teams. Additionally a static display of NDMS components including the Base of Operations (BoO) for response teams, a 50 bed critical care unit, a DMORT Disaster Portable Morgue Unit, and a portable Intensive Care Unit could be toured throughout the summit in an exhibit hall. Many of the hands-on trainings were held in the static displays.

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In general sessions, attendees heard from speakers with hands-on and leadership experience from major recent disasters. Melissa Kohn, MD, recounted her experience as a volunteer in the medical tent during the 2013 Boston Marathon and as a first responder in the immediate aftermath of the bombing that occurred near the finish line. Drs. Deborah Kuhls and Dave MacIntyre described the hospital response and proactive lifesaving strategies employed after the 2017 Las Vegas shooting.

In the open sessions, attendees chose from various talks ranging from those related to preparing for all hazard response, health security, responder resiliency and mental health during and after responses, to hospital preparedness, identification of vulnerable populations, threat preparedness, and evolving terrorist threats.

Public Health Service officers participated as both attendees and presenters.

By LCDR Angela M. Thompson-Paul and LCDR Folasade Kembi
HHS Assistant Secretary for Preparedness and Response (ASPR), Dr. Robert Kadlec has made training a priority for HHS emergency response personnel. The National Disaster Medical System (NDMS) Summit, held in Atlanta, Georgia, July 24–26, 2018, was the first held in over five years and included approximately 1,800 personnel from NDMS and the U.S. Public Health Service Commissioned Corps.

For the first time, more than 400 USPHS Commissioned Corps officers attended the conference, which began with CAPT Wanda Finch giving an inspirational rendition of the Star-Spangled Banner. All Tier I and II teams were represented, and some Tier III officers attended. Four officers from the Regional Incident Support Team – National Capital Region (RIST-NCR) also had the opportunity to participate in this important training opportunity.

At the Summit, leaders from within the Office of the ASPR provided key updates on significant changes to the organizational structure for HHS emergency response operations. These changes are more aligned with the Incident Command Structure and resulted from lessons learned during the intense 2017 hurricane season. The new response posture at the leadership level will be to support the teams in the field rather than coordinating them.

To provide a more scalable and flexible response, the Incident Response Coordination Team (IRCT) structure has been changed to an Incident Management Team (IMT). The leadership roles with the IMT report directly to the ASPR; subject matter experts are utilized as advisors to the ASPR. This change provides the ASPR with a better method to tailor the response needs to a particular mission, making it more adaptive to the type of event. Leaders from within the Office of the ASPR also stated they would be directing more efforts toward information management and situational awareness.

The Summit provided a great variety of didactic and hands-on training. All personnel were required to take training in the HHS Electronic Medical Record (EMR) system used for patients seen by federal medical responders. Attendees were also required to complete training on the Joint Patient Assessment & Tracking System (JPATs), Personal Protective Equipment (PPE), and respirator fit testing. In addition, clinicians were required to participate in training to identify and treat smallpox and on the Strategic National Stockpile (SNS). Federal Medical Stations are part of the Strategic National Stockpile, which transferred to ASPR on October 1, 2018.
EMR training provided the opportunity for RIST-NCR members to access the HHS EMR system. Within the system operators can create locations, admit patients, assign beds, and create patient medical records under various roles including system administrator, doctor, nurse, or pharmacist. These tasks expand the current training and functional skill set of RIST-NCR officers. JPATs training demonstrated how to input patients and family members’ information into JPATs for tracking purposes and the capabilities of generating manifests and reports.

NDMS Summit attendees also trained on donning and doffing Level C PPE suits in preparation for exposures during a hazardous material incident. All of the training sessions were useful to understand the capabilities of these systems and equipment used during deployments.

The Readiness and Deployment Operations Group (RedDOG) and the Medical Affairs Branch conducted two required sessions for Corps officers. The RedDOG session provided a review of deployable USPHS Tier 1 and 2 teams to those in attendance. RedDOG representatives also explained the process for fulfilling deployment requests from the initial receipt of the requests from HHS to submitting those requests to the Tier 1, 2, and 3 teams through securing officers for deployment.

The Medical Affairs Branch provided a briefing on the proposed medical readiness requirements that are currently undergoing legal review by the Corps. The proposed requirements include a Periodic Health Update performance within the last one year for Tier 1 and 2 readiness categories or within the last three years for the Tier 3 readiness category. The Medical Affairs Branch will review the periodic health updates and assign each officer to one of four Medical Readiness and Deployment Groups: MRC-1, Deployable anywhere; MRC-2, Deployable with limitation; MRC-3, Temporarily Non-Deployable; and MRC-4, Non-Deployable.

The Summit also offered optional sessions that proved to be just as important. CDR Karen Chaves and LCDR Scott Steffen attended the “Stop the Bleed” training that instructed medical and non-medical personnel in critical lifesaving techniques all responders can utilize to address the number one cause of preventable death from trauma. As a result of this training, participants can pursue a certification as trainers to properly implement “Stop the Bleed” skills, including tourniquet application and other lifesaving techniques. These officers are now able to teach these skills to local communities.

The intubation hands-on training was exciting and interesting, even for a non-clinician. During the training, the instructor made it clear that during a major event or mass casualty incident, non-clinicians could assist paramedics by quickly identifying and providing requested items to paramedics, therefore saving valuable time during life-saving efforts.
The Wilderness Medicine session attended by LCDRs Chitra Mahadevan and Scott Steffen provided informative and practical tips for deployments in austere conditions. It may be a surprise to some to learn how handy common items such as super glue and duct tape can be for medical emergencies in austere conditions with limited resources.

CDR Melissa Walker attended the Travel Systems and Policy 101 session as well as a review of the Hurricanes Harvey, Irma, Maria Federal Coordinating Center operations where she learned how HHS coordinates with the Department of Defense during emergency operations.

Attendees were able to tour many different versions of tents making up a Base of Operations, thereby bringing a context to the training received. LCDR Steffen found this module valuable in that it helped him visualize potential safety problems that may be encountered in the field. A Federal Medical Station also stood on exhibit.

In addition, the clinicians in attendance received mandatory training on the Strategic National Stockpile and its contents, as well as the diagnosis and treatment of smallpox, including the opportunity to practice vaccine administration. On the surface, these skills may seem irrelevant to non-clinical officers; however, the skills learned provide the opportunity for non-clinical officers to be more useful, versatile, and efficient to help the clinicians during all emergencies, especially when deployments get very busy and when medical demands may exceed the resources of available clinicians.

At the conclusion of the conference, officers shared their experiences indicating the training to be very useful in enhancing the roles of PHS officers in the field. It was great to see all of our NDMS partners from past deployments, and there was a true sense of camaraderie. The utility of this training was clear, and many officers are looking forward to attending the next Summit, which is projected to be in two years.

By LCDR Scott Steffen
On October 26, 2018, the inaugural USPHS Epidemiology Forum took place at the Centers for Disease Control and Prevention (CDC) in Atlanta. Over 30 PHS officers gathered together to present their work, receive training and career advice, and highlight the important contributions made by epidemiologists to advance the mission of the USPHS.

USPHS Epidemiology Interest Group (EIG) was established in 2004 to bring visibility to the role of epidemiology in public health by coordinating epidemiology-focused scientific sessions at the annual USPHS Scientific and Training Symposium, and to promote the integration of epidemiology into the scientific agenda. Over the years, it has provided a platform for sharing job opportunities and networking, thus enhancing mobility and professional growth for PHS officers. However, EIG could not host its usual session at the 2018 USPHS Symposium in Dallas due to scheduling constraints. Inspired by its members’ enthusiasm, the EIG Steering Committee decided to organize the inaugural forum at CDC in Atlanta later the same year.

LCDR Shondelle Wilson-Frederick, Chair of the EIG, opened the forum by welcoming all the attendees and giving a brief introduction of EIG. The forum proceeded with a dynamic plenary session presented by RADM Stephen Redd, CAPT Sara Newman, and CAPT Casey Barton Behravesh. Immediately following the plenary session, a very interactive panel discussion with plenary speakers connected participants on a personal level. The forum continued after a networking lunch with several breakout sessions that include training on how to present data, career mentoring, and oral presentations on epidemiological studies.

This highly successful event provided a cross-categorical forum for Commissioned Corps officers working in epidemiology-related disciplines to discuss a broad range of topics, including epidemiologic research, outbreak investigations, surveillance evaluations, and studies that underpin initiation of novel public health programs.

Special thanks to LCDR Laura Vonnahme who spent countless hours working behind the scenes to make this forum possible!

If you are interested in EIG, please email LCDR Tyann Blessington (Tyann.Blessington@fda.hhs.gov) and LCDR Jennifer Freiman (Jennifer.Freiman@fsis.usda.gov) and provide your first and last name, rank, department, agency, government email (please only include your official unclassified email address), category, and duty station location (U.S. State, Territory, or District; or International Country). Please note that the roster is posted on the EIG MAX.gov site and cannot include any personal information (such as personal email addresses).

By LCDR Oliver Ou
Opportunities to work with our sister Uniformed Services of the Department of Defense (DOD) while on overseas assignments are endless. Within the southern region of the African continent, both active duty and reserve officers who are pilots serve as flight crews for a US Air Force jet hangered in Gaborone, Botswana. While the DOD has its own missions to fulfill for which the jet is utilized, seats on the 6-seater jet are sometimes available. When this occurs, the DOD will ask US staff attached to the US Embassy in-country if they would like to ride on the jet to fulfill missions they have. Such incidents occurred for CAPT Pamela Ching who was stationed in Gaborone, Botswana from 2015 to 2016 and for CAPT Margaret (Margo) Riggs who has been stationed in Lusaka, Zambia since 2015. At the time the flights were taken, both CAPT Ching and CAPT Riggs were with the Division of Global HIV and Tuberculosis (DGHT) of the Centers for Disease and Control and Prevention (CDC), carrying out missions related to the President’s Emergency Plan for AIDS Relief (PEPFAR).

Along with the medical officer for the health unit attached to the US Embassy in Botswana, CAPT Ching flew to Kasane, Botswana, to identify public and private healthcare providers able to provide emergency care to US Embassy personnel as needed when in the area. This trip allowed the US Embassy’s Motswnana physician and CAPT Ching to discuss ways in which the CDC Country Office could assist in the event of a major public health event. On another trip, CAPT Ching flew to Francistown, Botswana, with the DGHT Laboratory Team Lead, Ms. Tebogo Segolodi; three Air Force pilots; two DOD Army Attachés; and the Regional Security Office associated with the US Embassy to inspect new laboratory facilities supported through PEPFAR, and which the Ambassador was scheduled to officially open. This trip introduced a Locally Employed Staff staff member, working for CDC, to DOD colleagues to foster future collaborations and provided DOD staff an opportunity to become familiar with CDC’s working relationships with Batswana staff working at the local and national levels.

CAPT Pamela Ching, Ms. Tebogo Segolodi, and DOD Officers and pilots with the USAF jet during a trip to visit healthcare providers and laboratory facilities in Kasane and Francistown, Botswana (February 2015).
CAPT Riggs volunteered to be part of the US Embassy Lusaka’s team participating in national election monitoring, which involved identifying any election irregularities and/or signs of political violence or intimidation in Zambia in August 2016. Because of the remote location of her assigned election monitoring stations, CAPT Riggs traveled with Air Force pilots and two DOD ArmyAttachés from Lusaka, Zambia, to the rural Province of Luapula, on the border with the Democratic Republic of the Congo (DRC). This was a rare opportunity to observe election processes in another country; Zambians felt empowered at polling stations, even after waiting hours to exercise their right to vote. The process was very peaceful nationwide; all the voters left proudly with a mark on their thumbs to indicate they had voted! A very heartwarming and encouraging scene was that of a nearly blind, elderly grandmother who had walked several miles over dirt roads with the assistance of her grandson. They reached a small school where her grandson recorded her vote for her in the voting booth and helped her place it in the ballot box.

Serving overseas is a very rewarding experience, filled with new adventures and limitless opportunities to learn about the local culture and interact with people as well as serve with our sister services in new and exotic places!

By CAPT Pamela Ching and CAPT Margaret Riggs
The Council of State and Territorial Epidemiologists (CSTE) annual conference was held in West Palm Beach, FL from June 10-14, 2018. CSTE acts as the professional home for applied epidemiologists representing multiple levels of public health practice: epidemiologists working at state, local, tribal, and territorial public health agencies as well as those practicing epidemiology in federal, military, international, academic, and corporate settings. The annual conference brings together a diverse group of more than 1,500 individuals to attend trainings, build capacity, and network.

At least 10 USPHS Scientist Officers had abstracts accepted for the conference in the following tracks: chronic disease/MCH/oral health, substance use, environmental health, occupational health, surveillance/informatics, and cross cutting. The surveillance/informatics presentation was on an infectious disease topic, and the “Disability and Health Data System” and the “US Maritime Industries” presentation included data on falls and injuries (CSTE also has Infectious Disease and Injury tracks), so I’d say that every topic area at the conference was covered by USPHS Scientist Officers!
Scientist Officers Share their Work across a Variety of Tracks at the CSTE Conference, continued from page 16

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Consider attending the CSTE conference from June 2-6, 2019 in Raleigh, NC!

https://www.cste.org/

By CDR Renee Calanan

LCDR Sharyn Parks Brown presenting during a chronic disease/MCH/oral health breakout session
The American Public Health Association (APHA) Annual Meeting is the oldest and largest gathering of public health professionals in the world. This year’s meeting, the 146th such meeting, was held in beautiful San Diego, CA from November 10–14, 2018. Many of the scientific sessions focused on this year’s theme of “Creating the Healthiest Nation: Health Equity Now,” but sessions covered all aspects of public health, including those outside the theme.

With an attendance of nearly 13,000, it’s easy to get lost in such a large meeting, but several Scientist Officers found time to connect and attend each other’s presentations at the conference; 4 Scientist Officers gave a total of 5 oral and poster presentations at the meeting. See you next year at the 147th APHA Annual Meeting in Philadelphia!

By CDR David Huang

LT Dantrell Simmons with his poster, “Assessing Electronic Clinical Quality Measures (eCQMs) to Support Outcome Improvement for Diabetes Care with Serious Mental Illness (SMI).”

CDR David Huang delivers his oral presentation, “Health Disparities and Equity Resources,” which was part of a Learning Institute, “Eliminating Health Disparities and Achieving Health Equity: Utilizing Healthy People 2020 Data.”

CDR Nadra Tyus with one of her two posters, “Emerging Strategies for Integrating Substance Use Disorder Services into Health Center Settings.”

LCDR Jason Wilken delivers his oral presentation, “Application of the Assessment of Chemical Exposures (ACE) Methodology in Responding to Two Toxic Chemical Release Incidents.”
No matter your experience or time in the Corps, it is never too early to start planning for retirement. In a survey conducted among retired officers from 2010, a staggering 98% of retired officers would advise other officers to attend a pre-retirement seminar. With that in mind, here are some key retirement topics to consider as you navigate your way towards the end of your PHS career!

**Initiating Retirement:** Decide which day you want to be your last day working at your duty station. The deadline for submission of the PHS-1373 is 90 days before your final day at work. You should consult the separations policy, your agency liaison, and a separations counselor before submitting your PHS-1373. Once you submit the PHS-1373, it may not be rescinded.

**Pay:** Since USPHS retiree pay is managed by the U.S. Coast Guard (not Compensation Branch), the CG-4700 form designates how you will receive your retiree pay. While receiving uniformed service retirement benefits, there is generally no reduction of Social Security benefits.

**Survivor Benefits:** Upon death of the retiree, retired pay stops. If you have a spouse and/or children, have you considered how you would like to continue providing financial support if you pass away? The same CG-4700 form allows you to select your choice for the Survival Benefit Plan (SBP), which can provide a maximum coverage of an annuity of 55% of your full retired pay at a pre-tax monthly premium of 6.5%.

**Medical and Dental Care:** You and your dependents are still eligible to receive medical care post-retirement; however, you will need to re-enroll in TRICARE within 90 days of retirement. Enrollment forms and eligibility information are available on the TRICARE website. Dental care benefits are currently administered by Delta Dental® of California, which is a voluntary, premium-based DoD dental program that is available to retired servicemembers and their families ([www.trdp.org](http://www.trdp.org)).

**Travel and Transportation:** Your agency at the time of retirement coordinates the movement of household goods and dependents to a home of selection using the PHS-1373 form (which can be different from the non-changeable home of record that was indicated upon your accession into the USPHS).

**Life Insurance:** While on active duty, you are eligible for enrollment in SGLI. This is convertible to the Veterans’ Group Life Insurance (VGLI) or any other commercial policy after separation. VGLI coverage is available in increments of $10,000, up to $400,000, with premiums also increasing with age. The application form to convert SGLI to VGLI is available on the VA website.

The few topics here only scrape the surface of the retirement process. Fortunately, there are many resources you can utilize to help. The USPHS Learning Management System (LMS) has a retirement seminar that provides valuable information on many retirement-related topics. Furthermore, the Separations Team at DCCPR ([phsccseparations@hhs.gov](mailto:phsccseparations@hhs.gov)) is available to answer any questions and to help guide you through the process.

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This article’s content is accurate as of November 2018 and is meant for informational purposes only. It is not intended to replace the role of a separations counselor or a pre-retirement counseling session.
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