U.S. Public Health Service Combined Category

Newsletter

U.S. PUBLIC HEALTH SERVICE Spring/Summer 2017

Inside this Edition

PAC's Chair Corner

By CDR Alicia Souvignier, Chair of the PAC Chair Group

Welcome to the Spring/Summer edition of the Combined Category Newsletter and thank you to all of the categories who submitted articles for this issue.

Many of you are aware of your individual category Professional Advisory Committee (PAC). But did you know that the Chairs and Vice Chairs of all the PACS meet on a monthly basis to share achievements, voice concerns, and develop cross category collaboration? The PAC Chair Group consists of not only each PAC's Leadership, but also liaisons from the Chief Professional Officers (CPO) Board, the Division of Commissioned Corps Personnel and Readiness (DCCPR), Junior Officers Advisory Group (JOAG), and the IT Chartered Advisory Committee (ICAC). These groups are listed on page 25 and 26 of this newsletter. It allows the PACs an opportunity to communicate with one another regarding issues pertaining to recruitment, orientation, training, professionalism, utilization, award recognition, and compensation, to name a few.

With improved document sharing over sites such as MAX.gov and the All Partnered Access Network (APAN), in addition to social media, there is more opportunity for our PACS to collaborate on projects versus each PAC working independently. Your PAC Chair has the opportunity to share projects and accomplishments with the PAC Chairs Group, both on our monthly calls and via document sharing on Max.gov. If you have successful projects that you think would benefit other categories, consider asking your PAC Chair to share with the group.

The PAC Chairs are looking forward to our upcoming combined meeting with the CPO Board at the Commissioned Officers Foundation (COF) Symposium in Chattanooga. This will be our second combined meeting of this calendar year. Our current CPO Liaisons CAPT Gibbons and CAPT Benitez McCrary have been a great support to the PACs and have facilitated strong communication between the CPO Board and the PAC Chairs Group.

We hope you all enjoy this newsletter and find the information beneficial.

2016 AMSUS ORAL HEALTH SESSION – RAISING THE BAR

Contributed by: CAPT Lynn Van Pelt, CDR Vicky Ottmers and LT Tiffany Smith

The 2016 AMSUS (Association of Military Surgeons of the United States) Annual Meeting with the theme of "Raising the Bar" was held at the Gaylord National Resort & Convention Center in National Harbor, MD from November 28 – Dec. 2, 2016. On Thursday, Dec. 1st a special session (USPHS lead and organized) on oral health topics occurred and it was a huge success. Speakers representing USPHS, US Army, US Air Force, US Navy, and an International delegation from the France Health Service presented on multi-disciplinary trending topics that included Tobacco signs/symptoms/treatment, HPV/Squamous cell carcinoma, Vaping, Oral Medicine, Sleep Apnea, Combat zone care, and Epidemiology. This Oral Health Track targeted all our Primary Care partners in Oral Health (e.g. Physicians, Physician Assistants, Nurse Practitioners, Nurses, Behavioral Health, Dentists, Dental Hygienists, & all allied Health professionals). During the 30 minute networking break, sponsored by Henry Schein Dental with refreshment, AMSUS Executive Director made a rare special appearance to express their appreciation to presenters, attendees, organizers, and volunteers.

Henry Schein sponsored networking & snack break

Special purple pens marketing the Oral Track Session were handed out to all AMSUS attendees. Purple was used for two reasons - purple represents the military collaboration signifying collaboration on all levels and purple is used for the Dental profession. Attendance was higher than expected with 30 constant attendees at any given time and 50 total attendees for the entire 4 hour continuing education (CE) session.

RADM Makrides presented CAPT Bruce Dye, USPHS with the AMSUS Certificate of Appreciation and 125th AMSUS special coin for presenting ***Oral Epidemiology of Key Dental Diseases & Conditions in the United States****.*

All AMSUS conference abstracts were reviewed for dental CE by CAPT Van Pelt and CDR Ottmers with a final maximum of 19.25 CE hours available if a dental professional attended all approved dental CE approved courses. These approved courses were identified with a molar tooth next the CE session in the official color program. The tooth symbols created quite a buzz to other presenters (non-dental) in which they were pleased their session qualified for dental CE and some made reference to dental professionals in their presentations. In addition to the Oral Track session and the tooth symbol approved CE, the AMSUS program had a full page informational ad about the Oral Track session that no other group had. The Oral Track Session brought about positive national visibility for USPHS and the Dental Category; collaboration with our medical health care partners, our sister services, and our International colleagues; and excellent continuing education.

Dentist Professional Advisory Committee

The Oral Track session was the first to include all five services, the only to incorporate official speaker introductions, to present speaker AMSUS certificates, gift the uncommon AMSUS coin, and have AMSUS Executive Leadership presence. AMSUS Executive Leadership is using our Oral Health Track session and the process to obtain dental specific CE hours as the model example for other groups to follow. The USPHS Dental Category easily followed the AMSUS's theme of "Raising the Bar" and then some. Special acknowledgement and appreciation extends to all Oral Health Track presenters, RADM Nick Makrides, and CDR William Lopez for their AMSUS contributions.

LTC Paul Colthirst, US Army representative, presented ***Longitudinal Analysis of Dental Emergencies in Overseas Contingency Operations.***

RADM Nick Makrides presented CDR Pierre Haen, French Health Service with the AMSUS Certificate of Appreciation and 125th AMSUS special coin for presenting ***Management of Severe Combat Maxillofacial Injured Soldiers.***

RADM Nick Makrides presented CDR Bradley Jones, US Navy with the AMSUS Certificate of Appreciation and 125th AMSUS special coin for presenting ***HNSCC, Vaping and HPV; Enhancing our Diagnostic Abilities and Knowledge Base.***

Major Ryan Sheridan, US Air Force representative, presented ***Dental Management of Obstructive Sleep Apnea: Part of an Interdisciplinary Team.***

CDR Vicky Ottmers (left) and LT Tiffany Smith, RDH (right) presented RADM Nick Makrides (center) the AMSUS Certificate of Appreciation for his outstanding contributions as Master of Ceremonies. Not pictured is CAPT Lynn Van Pelt.

USPHS Officers attending the 2016 AMSUS Continuing Education Meeting at the Gaylord Convention Center, National Harbor, MD

2017 AMSUS Annual Continuing Education Meeting

http://www.amsus.org/annual-meeting/

27 November- 01 December 2017

Gaylord National Resort & Convention Center, National Harbor, MD

Updates to the Nutrition and Supplement Facts Labels

Contributed by: CAPT Blakeley Fitzpatrick

Nutrition and Supplement Facts labels appear on almost all packaged foods sold in the U.S., and they provide consumers with valuable nutrition information that they can use to make informed choices about the foods they eat. The Nutrition, Labeling, and Education Act of 1991 (NLEA), and Dietary Supplement Health and Education Act of 1994 (DSHEA) added specific requirements to the Food, Drug, and Cosmetic Act related to the labeling of conventional foods and dietary supplements. In 1993, The Food and Drug Administration (FDA) published regulations requiring manufacturers of conventional foods to declare certain nutrition information on the Nutrition Facts label, and in 1997, FDA published a regulation requiring manufacturers of dietary supplements to declare certain nutrition information on dietary supplement labels. With the exception of the addition of *trans* fat to the label in 2003, the labels have remained largely unchanged since the 1990s.

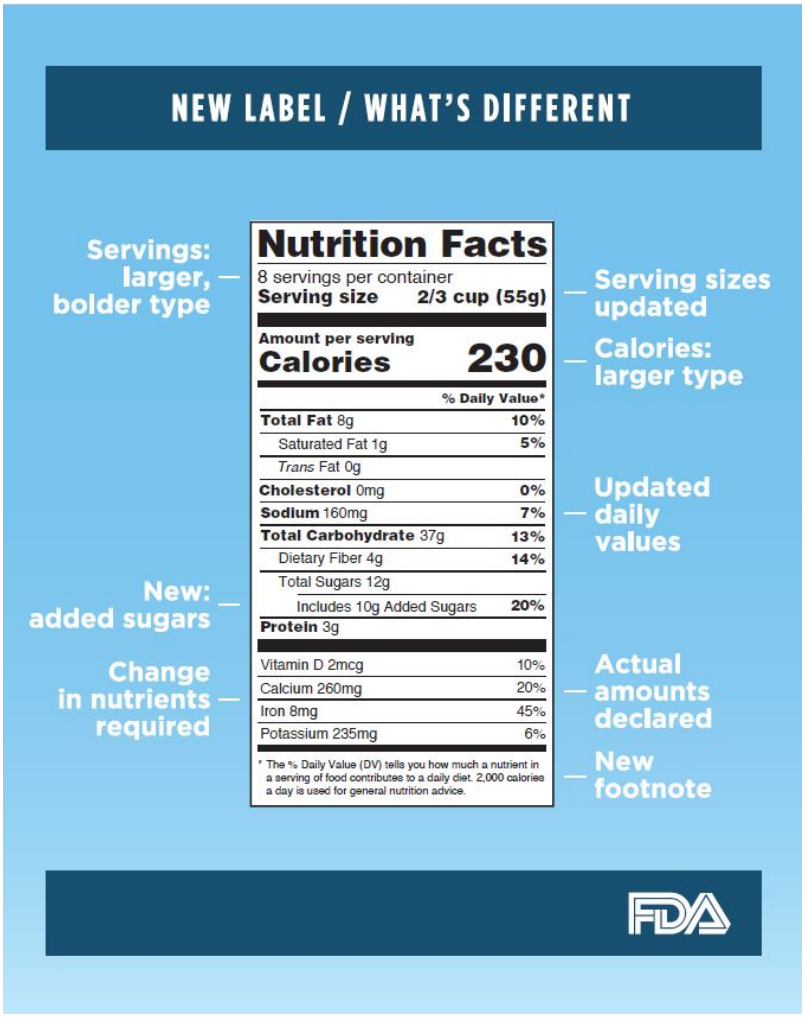
On May 27, 2016, FDA published two regulations that updated many aspects of the label based on current data and information for the first time in over 20 years. Products with the new label are already appearing on store shelves, but manufacturers are required to change their labels by July 26, 2018 or July 26, 2019, depending on the amount of food sales a manufacturer has annually. Here are a few key changes that you will see on the label:

1. Features a Refreshed Design

The "iconic" look of the label remains, but we are making important updates to ensure consumers have access to the information they need to make informed decisions about the foods they eat. These changes include increasing the type size for "Calories," "servings per container," and the "Serving size" declaration, and bolding the number of calories and the "Serving size" declaration to highlight this information.

Manufacturers must declare the actual amount, in addition to percent Daily Value of vitamin D, calcium, iron and potassium. They can voluntarily declare the gram amount for other vitamins and minerals.

The footnote is changing to better explain what percent Daily Value means. It will read: "*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice."



2. Reflects Updated Information about Nutrition Science

"Added sugars," in grams and as percent Daily Value, will be included on the label. Scientific data shows that it is difficult to meet nutrient needs while staying within calorie limits if you consume more than 10 percent of your total daily calories from added sugar, and this is consistent with the 2015-2020 Dietary Guidelines for Americans.

The list of nutrients that are required or permitted to be declared is being updated. Vitamin D and potassium will be required on the label. Calcium and iron will continue to be required. Vitamins A and C will no longer be required but can be included on a voluntary basis.

While continuing to require "Total Fat," "Saturated Fat," and "*Trans* Fat" on the label, "Calories from Fat" is being removed because research shows the type of fat is more important than the amount.

Daily Values for nutrients like sodium, dietary fiber and vitamin D are being updated based on newer scientific evidence from the Institute of Medicine and other reports such as the 2015 Dietary Guidelines Advisory Committee Report, which was used in developing the 2015-2020 Dietary Guidelines for Americans. Daily Values are reference amounts of nutrients to consume or not to exceed and are used to calculate the percent Daily Value (% DV) that manufacturers include on the label. The %DV helps consumers understand the nutrition information in the context of a total daily diet.

Note: The images above are meant for illustrative purposes to show how the new Nutrition Facts label might look compared to the old label. Both labels represent fictional products. When the original hypothetical label was developed in 2014 (the image on the left-hand side), added sugars was not yet proposed so the "original" label shows 1g of sugar as an example. The image created for the "new" label (shown on the right-hand side) lists 12g total sugar and 10g added sugar to give an example of how added sugars would be broken out with a % Daily Value.

3. Updates Serving Sizes and Labeling Requirements for Certain Package Sizes

By law, serving sizes must be based on amounts of foods and beverages that people are actually eating, not what they should be eating. How much people eat and drink has changed since the previous serving size requirements were published in 1993. For example, the reference amount used to set a serving of ice cream was previously ½ cup but is changing to 2/3 cup. The reference amount used to determine a serving of soda is changing from 8 fluid ounces to 12 fluid ounces.

Package size affects what people eat. So, for packages that are between one and two servings, such as a 20 fluid ounce soda or a 15 ounce can of soup, the calories and other nutrients will be required to be labeled as one serving because people typically consume the package in one sitting.

For certain products that are larger than a single serving but that could be consumed in one sitting or multiple sittings, manufacturers will have to provide "dual column" labels to indicate the amount of calories and nutrients on both a "per serving" and "per package"/"per unit" basis. Examples would be a 24 fluid ounce bottle of soda or a pint of ice cream. With dual-column labels available, people will be able to easily understand how many calories and nutrients they are getting if they eat or drink the entire package/unit at one time.

Resources

1. Changes to the Nutrition Facts Label website: http://www.fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/labelingnutrition/ucm385663.htm
2. Link to final rule for the revision of the Nutrition and Supplement Facts labels: https://www.gpo.gov/fdsys/pkg/FR-2016-05-27/pdf/2016-11867.pdf
3. Link to final rule on serving sizes and dual column labeling: https://www.gpo.gov/fdsys/pkg/FR-2016-05-27/pdf/2016-11865.pdf
4. Link with details of key changes to the Nutrition Facts label: http://www.fda.gov/downloads/Food/IngredientsPackagingLabeling/LabelingNutrition/UCM511646.pdf
5. Nutrition Facts label educational programs and materials: http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm20026097.htm

NIOSH Celebrates National Engineers Week 2017

Contributed by: LCDR Deborah V. Hirst and Trudi McCleery

In celebration of National Engineers Week 2017, the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health (NIOSH) visited Winton Woods High School's Project Lead the Way (PLTW) engineering class in Cincinnati, Ohio. PLTW is the leading provider of rigorous and innovative Science, Technology, Engineering, and Mathematics (STEM) education curricular programs used in middle and high schools across the United States. Over 200 high schools in the United States have adopted this STEM program to introduce high school students to engineering in order to increase the number and quality of engineers and biomedical science students graduating from colleges and universities in the country. PLTW's high school curriculum for engineering and biomedical sciences is a comprehensive four-year program. Each high school's PLTW program is overseen by a professional advisory board. LCDR Hirst has served on the Winton Woods PLTW advisory board since 2010.

LCDR Hirst, along with NIOSH civil service colleagues Dylan Neu and Trudi McCleery, emphasized the importance of using engineering controls to protect workers. LCDR Hirst focused on engineering controls in artificial flavorings and hazardous drug research. She also talked about construction and water research since the PLTW curriculum is currently focused on civil engineering. Mr. Neu talked about his work with the NIOSH test ambulance including improved ventilation and ultraviolet germicidal irradiation (UVGI). The PLTW class was able to see the ambulance and the engineering controls Mr. Neu had mentioned during his presentation. Ms. McCleery gave an overview of NIOSH, EPHB, and engineering control. She also gave a summary of EPHB's projects.

Photo courtesy of Myrtis Smith of Winton Woods High School. From left to right, Dylan Neu, Trudi McCleery, LCDR Deborah Hirst, Winton Woods High School's PLTW class.

NIOSH employs nearly 250 engineers and engineering technicians who identify, evaluate, develop, and implement engineering control technology to prevent occupational disease and injury. Through laboratory and field study, NIOSH engineers solve problems with innovative ideas for many industrial sectors including manufacturing, construction, mining, and healthcare. Many of these solutions are adopted by industry, saving the lives and improving the health of American workers.

To learn more about NIOSH and the NIOSH Engineering Control program, visit our Engineering Controls resource page at https://www.cdc.gov/niosh/engcontrols.

2017 Engineer Category Awards Ceremony

Contributed by: CDR Alex Dailey

RADM Mark Calkins speaking at the 2017 Engineer Category Awards Ceremony

The U. S. Public Health Service (USPHS) Engineer Category celebrated National Engineers Week by recognizing several outstanding engineers at its annual awards ceremony on Thursday, February 16, 2017. The event was hosted by the Indian Health Service (IHS) at the 5600 Fishers Lane Building in Rockville, Maryland. CDR Kurt Kesteloot, 2016-2017 EPAC Chair, served as Master of Ceremony and provided opening remarks on his career development experience. RADM Randall J.F. Gardner, Chief Professional Officer of the Engineer Category, presented the awards and highlighted the role of PHS engineers in accomplishing our mission of protecting, promoting and advancing the health and safety of our Nation. RADM Mark A. Calkins, Director of the IHS Division of Sanitation Facilities Construction, gave the keynote address and spoke about his influences as a leader and provided recommendations on taking advantage of leadership opportunities.

RADM Gardner and CDR Kesteloot presented this year's awards to the following recipients:

CDR Kurt Kesteloot, P.E.	PHS Engineer of the Year and NPS Engineer of the Year
CAPT Frank B. Behan, EIT	EPA Engineer of the Year
CAPT Steven Raynor, P.E.	IHS Engineer of the Year
Mr. Babak Farahpour, P.E.	NIH Engineer of the Year
CDR Jill Hammond, P.E.	PHS Engineer Responder of the Year
LT Melissa DeVera, P.E.	RADM Jerrold M. Michael Award

2017 Engineer Category Awardees with RADM Gardner and RADM Chris Buchanan, Acting Director of the Indian Health Service (From Left to Right): RADM Randall Gardner, CDR Kurt Kesteloot, CAPT Steven Raynor, CAPT Frank Behan, LT Melissa DeVera, CDR Jill Hammond, Mr. Babak Farahpour and RADM Chris Buchanan

Mr. Farahpour, CAPT Raynor, and CDR Kesteloot also represented their respective agencies at the Federal Engineer of the Year (FEYA) Award Ceremony sponsored by the National Society of Professional Engineers. The 2017 FEYA Ceremony was held the next day at the National Press Club in Washington, DC. Maj. General Timothy S. Green, Air Force Director of Civil Engineers, delivered the keynote address.

The Awards Ceremony Planning Committee was comprised of the following members: CDR Alex Dailey, Erica Sorrelhorse, CAPT David Harvey, CAPT Carol Rogers, CAPT Michael Simpson, CDR Kurt Kesteloot, LT Michael Simpson, Aretta Hubbard, Char Romero, and Tracy Hackett. Links to additional photographs from the event will be available soon on the EPAC http://www.usphsengineers.org/index.php/photos-videos and DC COA, http://www.dccoa.org/ websites.

EHOs in Action: Deploying with CDC

An interview with CDR Bryan Christensen, by LCDR Jonathan Blonk and LT Danny Malashock

CDR Bryan E. Christensen, PhD, MEPC is an Environmental Health Officer (EHO) with the Centers for Disease Control and Prevention (CDC). CDR Christensen began his CDC career as an Epidemic Intelligence Service (EIS) Officer, and subsequently joined the National Center for Environmental Health. Shortly thereafter, CDR Christensen was detailed to support CDC's Ebola response, and eventually joined the Division of Healthcare Quality and Promotion (DHQP) within the National Center for Emerging Zoonotic Diseases.

In the past six and a half years, he has participated in 30 deployments for CDC in a wide variety of international and domestic missions and responses. LCDR Jonathan Blonk (EHO) sat down with CDR Christensen to interview him about his deployments as well as to discuss how he prepares for and serves on deployments.

What is your typical role for the CDC during deployments and has it changed much over the last six years?

"It has changed substantially over the years. As an EIS officer, I deployed for applied or field epidemiology. Subsequently, while in Kenya, I switched to an exposure assessment role, which I fulfilled to launch a study assessing household air pollution related to indoor cooking. The way they cook their food creates a lot of particulate matter and carbon monoxide. When I moved to DHQP, I focused on environmental infection control and healthcare worker safety, which was my role during the Ebola response and is currently my role. I address any air and water concerns in healthcare settings."

Photographed above, CDR Christensen providing Ebola information to CBS News.

What EHO skills do you utilize the most on deployments?

"I bring industrial hygiene and field epidemiology to pretty much every response, especially with healthcare related ones."

What are you the subject matter expert or "go-to" guy for on your team?

"The two areas, especially response-related, are personal protective equipment and healthcare worker safety. I am the go-to person for these, because [during the Ebola response] I became one of the CDC Subject Matter Experts for Ebola PPE, and assisted with developing related CDC guidance and training materials. The other area I am the "go-to" for is aerosol science. My PhD focused on bioaerosols, and I'm the subject matter expert for our division. I'm currently working on an outbreak of nontuberculous mycobacteria, which is an aerosol generated by a heater-cooler unit used during cardiothoracic surgery. I am helping to set up a multicenter study to assess these units within operating rooms."

What are the biggest challenges for a foreign mission?

"It is a challenge balancing between taking enough stuff with you and not taking too much. The other one is when you're in the field, keeping yourself safe and healthy. I think a big part is also mental health. You will see things that you would never see in the US, and I think it's critical to prepare yourself so you won't get post-traumatic stress syndrome or anxiety. Ebola especially was kind of tough, seeing what we did. It can be challenging."

Photographed above, CDR Christensen providing Ebola PPE training to health care providers in New York City.

Which deployment was the most challenging?

"Nigeria was the most challenging, because we were going into an unknown situation. Because of the security risks in Nigeria and the high population of Lagos, we were concerned that if the Ebola outbreak got out of control there it could have become a very dangerous situation. We were very quick to get out in the field. I got a call on a Sunday night to ask if I was available, and on Wednesday, we were out the door. In Nigeria you need a visa before you get there but in this case, they made special exceptions. However, as a result of the Boko Haram terrorist group there were concerns with security risks and we had to go through Abuja to get the visa on site – which has never happened before. With the kind of work we were doing, sometimes for 16 hours a day, it took its toll pretty quickly."

What was your biggest accomplishment on deployment, and what are you most proud of?

"My Nigeria deployment because of all the work and collaborations we accomplished with the World Health Organization, *Médecins Sans Frontières* (MSF), Nigerian Ministry of Health, and the local healthcare workers. Together we were able to stop the Ebola outbreak in Nigeria before it took off. If it had hit Lagos, or any other area of Nigeria at the rate it hit Liberia, Sierra Leone or Guinea, it could have been an absolute disaster, so I'm very proud that we were able to stop it when we did.

Two of the valuable things I learned were just being very open to working with your partners and supporting them as needed, and asking for help. I think it's a very big thing, you can't do it alone, so use all the resources you can. And personally, the big thing I learned, and this is gone through pretty much all my deployments, is to find time to exercise because it really helps to break some of that stress. I just started getting up a little earlier and going to the gym. As an avid CrossFitter, I need to get in exercise to keep me going."

Would you recommend that every Officer volunteer for a deployment?

"Absolutely. Whether it's domestic or international, getting out in the field to work with others and collaborate to help people in need is what you want as an officer. You will make a bigger difference out in the field than you can sitting behind a desk."

HS PAC Implements the Career Progression and Promotion Guidance (CP_2G)

Contributed by: LCDR Tina Smith and CDR Catherine Beer

Are you…

- Unsure where you want your career to be five years from now and how to get there?
- Unsure how to prepare and present yourself when applying for a job?
- Worried about drafting your Officer Statement?

HS Officers are able to turn to the Health Services Professional Advisory Committee's (HS PAC) Career Development Subcommittee (CDS), to receive assistance with these and other questions relating to their career development and promotion.

To better serve HS Officers, in 2016 the HS PAC CDS was charged with developing streamlined career development and promotion information. In previous years, the career development resources of the HS PAC were not as well-coordinated, presenting a challenge for officers who needed career guidance. As a result, it was often unclear to officers how all of the resources should fit together, and those few documents which were available often focused solely on promotion, rather than career development. To resolve these issues, the HS PAC CDS initiated the development of the Career Progression and Promotion Guidance (**CP_2G**).

The **CP_2G** is intended to be used at least annually to assist officers in career progression by identifying gaps and encouraging officers to think about their entire career while also addressing officer needs in respect to their PAC and duty station. Additionally, CP2G is intended to prepare officers for promotion by providing the tools for showing impact, tracking accomplishments and identifying contributions above and beyond base level requirements. The **CP_2G** is comprised of the following resources:

1. **Official HS Category Curriculum Vitae (CV) Template**: The Category CV was revised to show impact, to meet plain language standards, to make it easier to show how an officer goes above and beyond and to allow mentors to identify gaps that mentees need to address.

2. **HS Category Career CV:** In recognizing the inherent differences between USPHS CVs and civilian resumes, a new CV has been created to allow HS officers an opportunity to present themselves on par with civilian counterparts when applying for a job.

3. **Continuing Education (CE) and Training Summary Sheet Template:** HS officers were using various templates to document their annual CEs and trainings. Additionally, officers who do not have an annual CE requirement were unsure whether they needed to record the optional CEs they completed. HS PAC implemented the summary sheet document to create consistency among the PAC for capturing each officer's diverse situation in this regard.

4. **2017 HS Category Benchmarks:** An annual document used to guide officers' career focus.

5. **Reviewing Official Statement (ROS) Guidelines and Officer Statement (OS) Guidelines:** This is the first time the HS PAC provided guidance on drafting an effective ROS and OS.

6. **Annual Performance and Accomplishments Tracking Sheet:** Previously officers had no other means to track their accomplishments or means to present to their rater and rating official (RO) with what they have been accomplishing throughout the year. The development of this resource is paramount in presenting an officer's work.

7. **2016 HS Category Career Progression Program (HSCCPP) and HS Category Promotion Trends Reports:** Through these groundbreaking reports, the HS PAC CDS is leading the charge in revolutionizing how data is examined in the USPHS; the reports provide stakeholders with actionable information related to career progression.

To ensure a successful rollout of the CP2G, the HS PAC CDS also led the following activities:

1. **CP2G Webinar series:** The HS PAC CDS created a webinar series starting in Fall 2016 and continuing into 2017 in which each webinar topic is focused on a CP2G resource. The timing of each individual webinar was carefully determined based on factors such as the start of the COER period, promotion deadlines, and the start of graduate school programs. Additionally, the HS PAC CDS collaborated with DCCPR on presentations to ensure consistent messaging but also tailored information for HSOs. Please keep an eye out for these webinars as they continue to be announced through the HS PAC Listserve and Bi-weekly Newsletter!

2. **Coaching on Demand (COD)/CV Review:** All HS officers were invited to sign up for one-on-one sessions with a senior officer to receive career progression guidance and a review of their CV. In preparation of the 2016 event, 100 senior officers were trained on the CP2G!

3. **CP2G Webpage:** A new webpage was created within the HS PAC website to host the CP2G initiative that will be updated on a continued basis to ensure up-to-date information is provided to the HS PAC.

4. **HS PAC CDS Gmail Account:** The HS PAC CDS created a Gmail account specifically designed to capture questions officers may have regarding all CP2G activities. By creating a unique customer service account, multiple CDS officers have been able to monitor the account to ensure timely responses to questions. Still have questions? Contact us at careerdevelopment.hspac@gmail.com.

The HS PAC CDS will continue to look for opportunities to reach all HS PAC Officers in a meaningful way to support their careers. Through the creation of the **CP$_2$G**, the CDS is now able to better serve the career guidance needs of over 1300 HS Officers.

The **CP$_2$G** would not be possible without the support and collaboration of the HS CPO, HS PAC Chairs, Senior Officer Consortium, and the members of the HS PAC CDS.

For more information on the reports and the initiative, please contact the 2017 HS-PAC Chair, CDR Josef Rivero at healthservicespac@gmail.com.

Nursing Recognition Day 2017

Contributed by: CDR Jennifer Sarchet

The 26th annual Public Health Service Nursing Recognition Day (NRD) was held at the Food and Drug Administration on May 8, 2017. Nurses from multiple government agencies, private and public sectors as well as academia attended either in person or via webinar. The in-person option was well received as officers enjoyed the face to face time with one another and the networking opportunities the event offered. However, the webinar option was also an important option to have as this ensured officers who could not travel to the FDA or who could only attend a portion of the program were still able to partake in this educational event.

For 2017, NRD was fortunate enough to have two keynote speakers talk about the theme of "Translating Quality into Practice." The first presentation was by the Deputy Director for Centers for Medicare and Medicaid Services, Ms. Jean Moody-Williams, RN, MPP. Ms. Moody-Williams presentation titled, "Improving Safety and Creating a Culture of Safety" was filled with material on how various initiatives and programs within CMS, such as the Quality Innovation Network – Quality Improvement Organizations, Million Hearts and Partnership For Patients focus on collaboration to decrease adverse events and improve quality and safety in patient care.

Photographed above, RADM Susan Orsega, Ms. Jean Moody-Williams and CDR Reginald Smith

Photographed above, RADM Susan Orsega, Dr. Karen Drenkard, and CDR Reginald Smith.

The second speaker was Karen Drenkard, Ph.D., *RN, NEA-BC, FAA,* Senior Vice President, Chief Clinical and Nursing Officer, GetWellNetwork and Executive Director, O'Neil Center who spoke about the "Voice of the Patient and How it Relates to Safety." Dr. Drenkard's presentation was informative and insightful as she delivered an engaging talk requiring physical interaction from the audience! There was also an awards portion of the event in which recipients earning awards from the following categories were recognized: Publication Awards, Minnigerode Awards for Nursing Excellence and the Chief Nurse Officer Awards.

The day ended with a group of officers focused on fitness, who participated in a group walk in recognition of the American Nurses Association fitness challenge. Finally, CDR Jennifer Sarchet, Chair and LCDR Bryan Emery, Co-Chair would like to give a special thank you to the entire Events Subcommittee for their ongoing efforts in making NRD 2017 a success! A special thank you also to the PHS Honor Guard and Choral.

The PHS Women's Leadership Support Community

Contributed by: CAPT Alina Salvatore and LCDR Ashlee Janusziewicz

In 2014, the Commissioned Corps Women's Leadership Support Community was formed under the vision and leadership of RADM Pamela Schweitzer to support fellow female officers.

These women, all of whom are recognized leaders, were brought together because they shared a **common connection of dual family and career responsibilities.** The group held regular meetings that provided a supportive and protected environment to foster the sharing of ideas and experiences in support of professional and personal development as well as the well-being of women in the Commissioned Corps. At the first meeting, this "Core Group" of twelve women immediately bonded as they shared honest and heartfelt stories of everyday challenges, both at work and at home. Many officers have working spouses which adds further to the challenge of balancing a busy career and equally demanding home life.

During subsequent group meetings, candid discussions generated constructive dialogue regarding available resources and **strategies on successful pathways towards work-life balance.** There was unanimous agreement within the group that one could easily become overwhelmed and emotionally and physically exhausted from wearing multiple hats as an officer, federal employee, spouse, parent and/or caregiver. The group provided insights and tactics on overcoming difficult times and encouraged one another to develop an action plan that met personal and professional goals.

Collectively, the group identified the importance of continually adjusting 3 distinct priorities:

1. Frequently and openly communicating with family, friends, and colleagues
2. Setting aside time to "recharge batteries" (e.g., self-care) and
3. Cultivating a "present moment" mindset. These approaches and ideas, among many others, were able to help officers **tend to their mental and emotional well-being and become more productive, both at work and at home.**

Over the course of the year, each officer made huge strides in improving her emotional well-being as a result of these interactions. It became evident that these group meetings are aligned with the U.S. Surgeon General's priorities concerning mental and emotional health. In further support of this priority, the Core Group held the first-ever "USPHS Women's Leadership Panel" at the 2015 Joint Federal Pharmacy Seminar. The distinguished panelists included RADM Sylvia Trent-Adams (Deputy U.S. Surgeon General), RADM Pamela Schweitzer, CAPT Catherine Chew, CAPT Jennifer Fan, and Dr. Bill Davies (spouse of an officer). This monumental event allowed distinguished Commissioned Corps leaders to share their personal experiences related to the complexities of balancing demanding leadership positions with the needs of their families. Dr. Davies was able to provide a full-time working spouse's perspective and the challenges of a dual working household. The event had over 30 attendees, including women from other services as well as male participants! This event was well-received by the audience and many requests were made for similar future events and establishment of additional groups. Results of the post-event survey revealed that attendees were not only inspired, but also left with a **sense of empowerment over their careers and personal lives.**

Due to the overwhelming positive impact on the lives of several officers, the Women's Leadership Support Community is expanding its reach Corps-wide by helping to establish similar groups across the country and across all categories. **The Core Group has developed a curriculum which serves as a guide for Group Leaders to share with their group members on possible discussion topics and various resources.** The initial group of twelve women in Maryland has now grown to involve over 100 woman officers from the various agencies dispersed throughout the country. Plans are underway for another powerful session to be offered during the 2016 Joint Federal Pharmacy Session in Washington, DC. The Core Group is seeking female Group Leaders and Group Coordinators to assist in organizing and leading new groups. If you are interested, please email forum4femaleofficers@gmail.com with your contact information.

Leadership and Self-Deception

Contributed by: CAPT Jason Woo

"I'm starting with the man in the mirror.
I'm asking him to change his ways.
And no message could have been any clearer:
If you wanna make the world a better place
Take a look at yourself, and then make a change."

- Excerpt from "Man in the Mirror," by Michael Jackson

How do we go about improving our work, our organizations, our lives? This is a question I have been working on certainly for at least all of the 28 of my years in the Corps and the additional years before that (that I'll keep to myself - Heh-heh!), and I'm still working on it, even though I heard this song a very long time ago. Only recently do I think I have begun to really understand the difference between creating change and creating meaningful impact.

Don't get me wrong – I have certainly my long list of achievements that I'm proud of and feel made a difference. But understanding why some of them worked while others have been less successful has puzzled me. I think I've been the same person, had the same values, used the newest techniques, kept up to date on the latest process improvement vernacular, methods and recommended behaviors. From Deming and Total Quality Commitment/Improvement in the 80's, Peter Senge's Fifth Discipline in the 90's, John Kotter and the Heart of Change in the 00's, Six Sigma, Lean, the Theory of Constraints, and on and on: there always seemed to be something new or different to try. Lots of recommendations on behaviors around communication, collaboration, creating vision and common goals, etc, etc. Sometimes they work for me, sometimes they don't, even though I pride myself on following instructions and techniques very well. Why don't they work?

What I have come to understand is that it is not the behavior that you do or use that makes the difference in how others respond – it's how you view them. Put simply: do I view others as objects that help, hinder or are irrelevant to my objectives, or do I view others as people who have their own goals and objectives to achieve that matter to them like mine matter to me.

When I really ask myself this, I've realized that I've been most effective, happy and at peace with outcomes when I view others as people AND really make the effort to understand what they are trying to accomplish. Not that their goals or objectives are more important than mine; just that I take the time and effort to understand what they are. In doing so, it's not just that I can find ways to align with them and be helpful, but that they probably feel that I am genuinely trying to be helpful. This is where the difference lies.

Most of us can probably tell when we are focused on our own goals, objectives and needs. What we have a harder time seeing is when we THINK we are trying to be helpful to someone else or their needs, but aren't really trying. This may be termed as an "outwardly nice, inwardly focused" mindset, i.e. I do something for someone else I think they want or need without really knowing if that's what they truly want. Why does that make a difference? Because it affects the way we go about interacting with that other person. When I think I am being helpful because of what I try to do, I am deceiving myself about what I am really trying to do, that is, MY objective to be seen as helpful. This is part of the self-deception, and it makes all the difference in how I then respond to that other person and how I go about achieving my goals. When I don't get the response or outcome I expect and blame someone else for being the problem, then my self-deception becomes even more complete and self-justifying.

This is and is not an obvious concept. The more I've explored it, the more nuances I found to it that I can apply in my everyday life. Like many "insights" in leadership and self-improvement, though, my understanding of this doesn't itself make me a better leader or person. I find that continuing to be open to how I can learn more about others, understand "where they are coming from and where they want to go", and then consider how I go about achieving my goals in a way

that aligns with their interests and needs is a continuous opportunity, yet it also makes me more alive to all those around me and the broader opportunities in life. Instead of barriers to goals, I see more opportunities and possibilities.

I start to get up on my soapbox. This is where sharing my experience probably doesn't help. Instead, I'll take the last bit of space here to invite you to join me in discovering how self-deception may inhibit achieving your own objectives and goals. At last year's Symposium Category Day, CAPT Goldman gave me a few minutes to share the leadership development framework a few of us have been working on providing for ourselves and across the Commissioned Corps around this concept and in developing an "outward mindset" to counter it. Since then we have rolled this program out starting with our first "book circles" of "Leadership and Self-Deception" in September and conducting a 2-day training in "Developing and Implementing an Outward Mindset" in August.

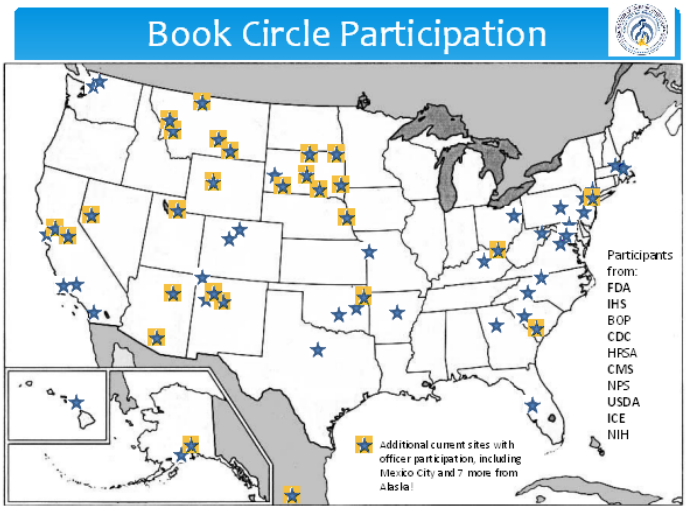
Sidebar to Article on Leadership & Self Deception

Contributed by: LCDR Maria Said

Within the Commissioned Corps, officers are gathering in small groups to discuss the book, Leadership & Self Deception, by the Arbinger Institute. The book uses the concepts of being "in the box" (or seeing others as the source of problems) and "out of the box" (seeing others as people with hopes, concerns, cares, and needs) to promote principles of leadership.

Now, about 200 PHS officers from nine different agencies from over 50 different sites around the country have participated. New book circles are being organized, and additional training based in the book's principles is being planned for the USPHS Symposium in Chattanooga.

CDR Suzette Peng, a medical officer based at FDA, participated in a Leadership & Self Deception FDA book club in 2014 and then a book circle comprising members of her RDF team's command group this year. "When I read it the first time, I applied many of the principles to work-place scenarios," she said. "However, this time around, I saw how relevant many of these themes are to all aspects of my life. Additionally, I found it particularly valuable to go through the book as a leadership team, as it takes more than one person to make an organization 'outwardly focused' (i.e., focused on others and on achieving results, rather than what's best for oneself)."



CDR Peng also added that, as uniformed officers, we are often given leadership positions, whether we are ready or not. "I think it's important for us to take advantage of these formal opportunities to develop our leadership skills," she said.

In this article, CAPT Jason Woo, also based at FDA, describes his own experience reading the book and incorporating its teaching into his work and life. For additional information about training in the principles in Leadership & Self Deception, please look for announcements about book circles or contact CAPT Woo at woojjmd@gmail.com.

The Road to Publishing in the American Journal of Public Health: Seven Prevention Priorities of USPHS Scientist Officers

Contributed by: CDR David Huang and Deborah Dee

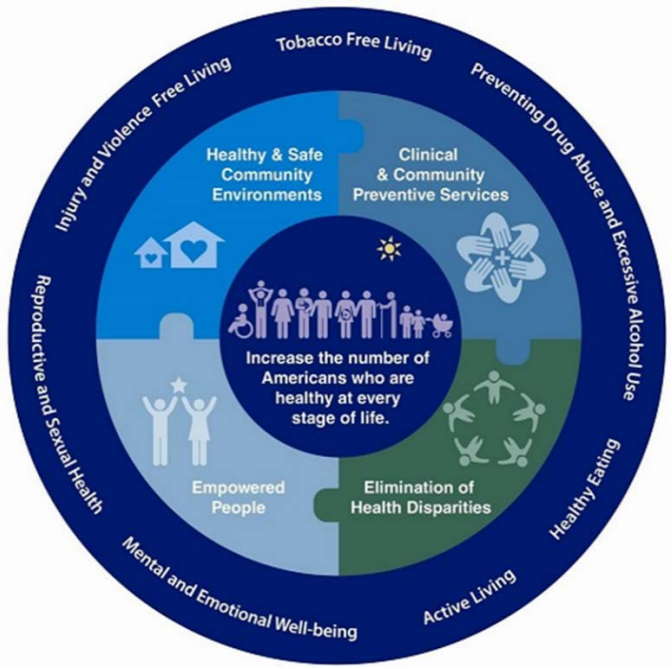
As members of the United States Public Health Service (USPHS), most of us are familiar with the National Prevention Strategy (NPS), a federal agenda released by the Surgeon General–led National Prevention Council in June 2011 that aims to guide improvements in health and well-being in the United States. The goal of the NPS is to increase the number of Americans who are healthy at every stage of life, and to accomplish this goal, four strategic directions and seven priorities were identified, as shown in the graphic below:

Strategic Directions

- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Empowered People
- Elimination of Health Disparities

Priorities

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury- and Violence- Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being



From June 2011 to May 2012, officers from all 11 USPHS categories were organized into an NPS workgroup with the purpose of developing category-specific plans focused on how to best implement the NPS from a grassroots level. The category work plans were then combined to create a single implementation strategic plan that showcases the work of the officers in the USPHS and how the NPS can be used as a template for moving the nation forward in health and wellness.

Members of an NPS team within the Science Subcommittee of the Scientist Professional Advisory Committee (SciPAC) published its overall work plan in a white paper (December 2011), supplemented with priority-specific articles in The Scientist Officer newsletter (February 2013 – June 2014). The publications demonstrated how the cross-cutting work of many scientific disciplines within the category influences the health of the nation.

But SciPAC leadership felt like there was more that could be accomplished with this work, so in early 2014, it tasked the NPS Team with producing a more formal and comprehensive commentary of the activities Scientist officers are undertaking relative to the NPS, with the specific target of publishing in the esteemed American Journal of Public Health (AJPH), a monthly peer-reviewed public health journal published by the American Public Health Association. In April 2014, seven Scientist officers, one for each of the seven NPS priorities, took up this challenge by convening a conference call, with then-LCDRs David Huang and Deborah Dee volunteering to co-lead the effort and guidance from NPS team lead LCDR Jean Ko and SciPAC Science Subcommittee Chair then-LCDR Robin Toblin. Fast forward to 2017, and our once-aspirational goal of publishing this work in a well-known journal is now a reality: our manuscript, Seven Prevention Priorities of USPHS Scientist Officers, was published in the January 2017 issue of AJPH.

So how did we make this all happen? We believe the keys to our success were: perseverance, luck, and coherence.

1. Perseverance

Including the time spent working on the USPHS-wide NPS workgroup, three of the article's authors (CDRs Huang and Dee and LCDR Ko) spent more than four years on NPS-related work, including two years on the white paper and two years on the manuscript. The manuscript itself required a tremendous amount of work because of the desire for a comprehensive reach across all members of the category to ensure the breadth of Scientists' work in each priority area was properly represented. When several emails to the SciPAC listserv in the spring of 2014 yielded limited results, the authors split the entire Scientist roster (approximately 350 officers), and each author sent individual emails to their list of about 50 officers to solicit information to incorporate into the article. Then each of the seven authors worked on their sections for a few months, followed by about a year of edits and reviews (involving multiple conference calls and writing sessions between CDRs Huang and Dee, with input from LCDR Ko), clearance, and, finally, submission to AJPH. Our original article was twice as long and was rejected by AJPH as a commentary in June 2016, but the journal editors suggested a shorter op-ed version, which was submitted in August 2016, accepted for publication a few weeks later, published online in December 2016, and published in print in January 2017.

2. Luck

To be honest, the timing of our submission was quite fortuitous and definitely contributed to our eventual success. Unbeknownst to the writing team, AJPH was planning a theme of "The Public Health Footprint of the Obama Administration" in the January 2017 issue to coincide with his final weeks in office. Since the NPS was one of the Surgeon General's major priorities during the Obama administration, our manuscript fit in very nicely with the issue's theme. Obviously, this was a factor outside of our control (and wasn't even made apparent to us until the manuscript was published), but it certainly paid off to submit our revised manuscript as an op-ed piece as suggested by AJPH editors.

3. Coherence

Finally, we believe that the coherent vision for the article, explaining how the work of USPHS Scientists supports the seven priorities of the NPS, was also a primary reason we were able to successfully publish in a major journal. In particular, Scientist officers support and promote the NPS priority goals through increased surveillance and epidemiology, support of state and local health departments, health care provision, and leadership for health promotion. By providing specific examples of Scientists' work in each of the seven NPS priorities, we believe this article helps readers understand how the work of USPHS Scientist officers is demonstrably diverse and far-reaching, spanning the seven priority areas of the NPS and thereby improving the health of Americans and reducing the burden of preventable deaths and illness.

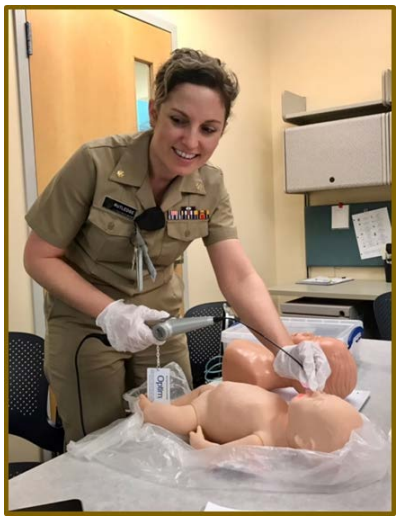
The full manuscript is available on the AJPH website at http://ajph.aphapublications.org/doi/10.2105/AJPH.2016.303497, with the HHS Public Access version available at https://www.ncbi.

Speech-Language Pathologists begin Fiberoptic Endoscopic Evaluation of Swallowing

Contributed by: LCDR Molly Rutledge

Alaska Native Medical Center's (ANMC) speech-language pathologists (SLPs) are now offering fiber-optic endoscopic evaluation of swallowing (FEES), which has become a globally recognized gold standard for evaluating patients with difficulty or abnormal swallowing and assessing swallowing function. FEES can be done with both adults and pediatric patients when appropriate.

ANMC's certified SLPs diagnose and treat adults and children with speech, language, voice and swallowing problems. Historically, swallow evaluations have been completed by use of a clinical bedside assessment or by use of videofluoroscopic swallow study (VFSS). This new testing procedure is conveniently performed at the bedside and is well tolerated by both adult and pediatric patients.



LCDR Molly Rutledge, pictured above, demonstrating FEES with use of simulation infant dolls. LCDR Rutledge has provided demonstration to over 20 physicians as part of the FEES launch.

LCDR Molly Rutledge (pictured below on left) holds the pediatric endoscope while her colleague Lesley Chase, SLP,demonstrates use of the adult scope and accompanying video tower.

To be competent in FEES administration, I attended a local certification course in 2016 along with several of my colleagues. Both the physical act of scoping and the interpretation of the FEES exam were difficult initially but with excellent instruction, I soon wanted to evaluate as many individuals as possible to train the motor memory of the act of scoping. Following a certification course, continued supervision by a trained endoscopist – usually a SLP or ENT – is beneficial. Generally, after a total of 25 or more successful scopes, one can become independent in endoscopy. A virtuous training of not only the equipment and handling but also competency in semi-critical medical device sterilization is required for starting a FEES program in a hospital setting.

During the FEES procedure, a flexible laryngoscope is passed through the nasopharynx to view the airway. The patient is then asked to perform functional voicing, eating and/or drinking tasks for the assessment of swallowing function. A video monitor at the bedside allows both the SLP, the patient and/or caregivers to see the structures of the pharynx as the food and beverages pass, and view the airway directly.

VFSS will continue to be utilized through the ANMC Radiology Department, but our SLPs are excited to have the FEES technology available for specific patients, especially those who are not ready or able to leave their hospital room.

References

1. Farneti D. The Instrumental Gold Standard: Fees. Journal of Gastroenterology and Hepatology Research 2014; 3(10): 1281-1291 .

Promoting the Commissioned Corps as Leaders in Health through Fitness!

Contributed by: CDR Evan Shukan

Physical inactivity is responsible for one in ten deaths among U.S. adults. At the same time, the rate of American adults who do not meet the Federal Physical Activity Guidelines is increasing rapidly in America: 80% of American adults do not meet the physical activity recommendations for aerobic and muscle-strengthening activities, and 60% of adults are not sufficiently active to achieve any health benefits.

The Federal Physical Activity Guidelines (https://www.fitness.gov/be-active/physical-activity-guidelines-for-americans/) recommend:

At least

- 150 minutes per week of moderate-intensity aerobic activity (the equivalent of 30 minutes a day x five days per week); or
- 75 minutes per week of vigorous intensity aerobic activity; or
- an equivalent combination of the two;

Plus,

- muscle-strengthening exercises two or more days per week (examples: push-ups, weight lifting, sit-ups).

Established as a chartered health outreach initiative in the Office of the Surgeon General on June 6, 2014, Public Health Service Athletics (also known as the Surgeon General's Fitness Team) has taken a novel approach to solving this major public health issue. PHS Athletics encourages Commissioned Corps officers to get out and exercise with their friends, family members, neighbors, and co-workers—we've found that individuals may be more likely to exercise if they are doing it with someone else. Get fit and stay fit. Get others to get fit and stay fit. Simple enough, right?

So, how does it work? Participants set goals by training for events of speed, strength, or endurance. Participants who train by using the minimum Federal Physical Activity Guidelines (see box) as a guide can reasonably be assured of completing an event comfortably as event minimums are established at roughly twice the distance or difficulty of the PHS Annual Physical Fitness Test (APFT). For example, two times the distance for running required by the APFT would be 3 miles. Thus, a qualifying PHS Athletic running events must be at least 5 kilometers, or 3.1 miles…which is a pretty standard minimum road race—and there are hundreds around the country every year!

Pictured above: When the weather outside is frightful...you go for a run, of course! The Alaska PHS Athletics crowd was out in full force on December 31, 2016 at the Northern Lights Resolution Run in Anchorage, AK, led by CDR Aimee Young (Pharm).

Event minimum distances for many sports are listed on our website, and we can work with Event Leaders to get virtually any sort of athletic pursuit to qualify. Since the goal of PHS Athletics is health outreach through fitness, Qualifying Events should have a minimum of five PHS officers or two PHS officers and eight civilians as participants and should be open to the public. All participants must exhibit some sort of PHS pride while participating (typically a t-shirt or flag, but creativity is welcome and encouraged).

Officers and family in Clinton, Oklahoma, participating in the Step Into My Shoes Color Run.

What's more, three tiers of awards are available in the 2016–17 (current) awards year for the Surgeon General's Fitness Team Roll Call. Certificates of completion are now offered for Event Leaders who have led two or more Qualifying Events (as approved by our leadership team), for Participants who have participated in two or more Qualifying Events, and for Supporters who have supported two or more Qualifying Events. Note that Supporters either provide direct support for participants at an event (such as driving a support vehicle at a bike race or cheering athletes on at a running race) or walk an event that is too short to count as Qualifying for a walking event (i.e., 10 miles).

The simplest way to get started is to pick an event from our calendar (https://dcp.psc.gov/osg/phsa/eventcalendar.aspx), email the Event Leader, and join a team! If you have an event in mind and don't see it there, or want to be an Event Leader, email us and we'll help you get started.

During the 2015–16 PHS Athletics award year (June 1–May 31), nearly 1,800 officers and civilians participated in or supported PHS Athletics events. Events since our inception in 2014 have included everything from running, biking, weightlifting, and cross-country skiing to stand-up paddleboarding and adventure races, just to name a few activities. RADM Schweitzer (Chief Professional Officer, Pharmacy) even led a group on an arduous three-day hike through the Grand Canyon!

Events have taken place in 36 states and Washington, DC, as well as in two foreign countries (Liberia and Guinea) and a diverse array of officers from across the Corps have been involved since the initiative began. In addition to Executive Directors LCDR Jessica Fox (Pharm) and CDR Evan Shukan (Vet), our multi-category leadership team includes LCDR Stephanie Begansky (Pharm), LCDR Ben Bishop (Pharm), LCDR Jennifer Cheng-Dobson (HSO), CDR Ida-Lina Diak (Pharm), CDR Gregg Langham (Vet), CDR Jan Linkenhoker (Vet), CDR Melinda McLawhorn (Pharm), LCDR Billy Nettling (Pharm), CDR Diem-Kieu Ngo (Pharm), and LT Ryan Smith (HSO). Is your category involved? If not, send us an email!

A team of 8 (6 officers and 2 civilians) completed the Spartan Sprint Race in Mechanicsville, MD. Congrats CDR Ford, CDR Won, LCDR Gentles, LCDR Yoon (Event Leader), LT Dhanormchitphong, and LT Pokora!

For more details on how to get started, check out the "Getting Started" tab on our website (https://dcp.psc.gov/osg/phsa/gettingstarted.aspx) or email us at PublicHealthServiceAthletics@gmail.com.

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https://health.gov/paguidelines/
https://www.fitness.gov/resource-center/facts-and-statistics/
https://www.cdc.gov/physicalactivity/data/
http://www.americashealthrankings.org/explore/2015-annual-report/measure/sedentary/state/ALL

Public Health Service Athletics:

USPHS Officers Promote Brain Injury Awareness Month

Contributed by: CDR Renee Pazdan, Physician Category;
CDR Alicia Souvignier, LCDR Selena Bobula, LCDR Narisa Tappitake, Therapist Category

Commissioned Corps Officers assigned to the DOD under the BH/TBI MOU provide high quality clinical and rehabilitation care to injured service members with a history of Traumatic Brain Injury (TBI). Ft. Carson's TBI clinic is led by Neurologist CDR Renee Pazdan with PHS rehab team CDR Alicia Souvignier, PT, LCDR Selena Bobula, PT and LCDR Narisa Tappitake, OTR.

March is National Brain Injury Awareness Month. The Fort Carson's TBI Clinic in conjunction with Defense and Veterans Brain Injury Center will be educating service members, community members, and hospital providers on TBI. The TBI Clinic will host an open house where the Fort Carson community and staff can visit the clinic and learn about the services provided, to include behavioral health, physical therapy, cognitive rehabilitation, and occupational therapy.

Fort Carson TBI Clinic is one of nine MTFs DOD wide selected to be an Intrepid Spirit site. The Intrepid Fallen Hero's Fund, a philanthropic organization, is donating a building for the treatment of the most complex patients with symptoms related to TBI, chronic pain, and/or PTSD. The Intrepid Spirit model includes enhanced nurse case management, an arena type intake so service members only tell their story once, and the option of intensive outpatient programming. With two sites currently under construction, Fort Carson is next in line to break ground.

Pictured above, left to right: LCDR Narisa Tappitake, LCDR Selena Bobula, CDR Alicia Souvignier, Therapist Category, CDR Renee Pazdan, Physician Category

Professional Advisory Committee Groups

PROFESSIONAL ADVISORY CHAIRS BY CATEGORY

Dental Category:
PAC Chair: CAPT Shani Lewins
(shani.n.lewins@uscg.mil)
PAC Chair Elect/Proxy: CDR Daniel Barcomb
(Daniel.t.barcomb@uscg.mil)

Dietician Category:
PAC Chair: CDR Michael Mero
(Michael.merojr@fda.hhs.gov)

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PAC Chair: CDR Kurt Kesteloot
(kurt_kesteloot@nps.gov)
PAC Chair Elect/Proxy: CAPT David Harvey
(david.harvey@ihs.gov)

Environmental Health Category (EHO):
PAC Chair: CDR Jill Shugart
(ahe8@cdc.gov)
PAC Chair Elect/Proxy: CDR Chris VanTwuyver
(chris.vantwuyver@fda.hhs.gov)

Health Services Category (HSO):
PAC Chair: CDR Josef Rivero
(jrivero@bop.gov)
PAC Chair Elect/Proxy: CDR Anthony Johnson
(Anthony.johnson@samhsa.hhs.gov)

Nurse Category:
PAC Chair: CDR Reginald Smith
(reginald.smith@fda.hhs.gov)
PAC Chair Elect/Proxy: CDR Heather Skelton
(heskelton@southcentralfoundation.com)

Pharmacy Category:
PAC Chair: LCDR Rodney Waite II
(rcwaite@bop.gov)
PAC Chair Elect/Proxy: CDR Aimee Young
(alyoung@anthc.org)

Physician Category:
PAC Co-Chairs: CDR Sara Luckhaupt
(pks8@cdc.gov) and
CAPT Dana Thomas (wii6@cdc.gov)
PAC Chair Elect/Proxy: CAPT John Iskander
(jxi0@cdc.gov)

Scientist Category:
PAC Chair: CDR Jennifer Adjemian
(jennifer.adjemian@nih.gov)
PAC Chair Elect/Proxy: CDR Robin Toblin
(robin.l.toblin.mil@mail.mil)

Therapist Category:
PAC Chair: CAPT Jeffrey Lawrence
(Jeffrey.lawrence2@ihs.gov)
PAC Chair Elect/Proxy: CDR Josef Otto
(josef.otto@ihs.gov)

Veterinarian Category:
PAC Chair: CDR William Lanier
(William.lanier@fsis.usda.gov)
PAC Chair Elect/Proxy: CDR Barbara Knust
(bkk0@cdc.gov)

THE PAC CHAIRS GROUP

Chair: CDR Alicia Souvignier (Therapist Category) souvignier.mil@mail.mil

Executive Secretary: CDR Jessica Feda (Therapist Category) jfeda@bop.gov

PAC Chairs Group – Chair Ex-Officio: CDR Mitchell Holliday mholliday@bop.gov

Chief Professional Officer (CPO) Liaisons:

CAPT John Gibbins
ffi9@cdc.gov
CAPT Mercedes Benitez-McCrary
Mercedes.benitez-mccrary@cms.hhs.gov

LIAISONS

Organization	Name and Email
DCCPR Liaison:	CDR Anitra Johnson (anitra.johnson@hhs.gov)
DSI Liaisons:	CAPT Jerry Weisskohl (jerry.weisskohl@hhs.gov) and Ms. Saranya Rao (saranya.rao@hhs.gov)
JOAG Liaisons:	LCDR Samantha Spindel (Samantha.spindel@fda.hhs.gov) and LCDR Kristie Purdy (kristie.purdy@ihs.gov)
ICAC Representative:	CDR Michael Rinaldi (Michael.Rinaldi@ihs.gov)

COMBINED CATEGORY NEWSLETTER

Editing, Design, and Layout:

CDR Chris Vaught (Engineer)
LCDR Jonathan Blonk (Environmental Health)
LCDR Steven Rodgers (Pharmacy)
LCDR Iram Hassan (Scientist)
CDR Jerome Lee (Pharmacy)