

Junior Officer

Advisory Group

A newsletter for junior officers by junior officers

Volume I, Issue 1

Spring 2006



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[Our Mission](#)

Our mission is to provide advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, and other Commissioned Corps groups on issues relating to professional practice and personnel activities affecting Junior Officers in the USPHS Commissioned Corps.

Message from our chair

Fellow Officers,

It is my honor to address you in what I hope will be the first of many JOAG newsletters. I strongly believe that one of the most important things we can do as fellow Commissioned Officers is keep each other informed, so that we can make the best decisions and help shape the future. This newsletter, the JOAG website, and the articles we've been writing for external organizations all serve this purpose. As I sat down to write this particular article, I realized I was unable to present the type of information that I wish most to share, which is information about our Transformation, and our future as a Corps.

On 3 July 2003, former HHS Secretary Tommy Thompson announced the Transformation of the Public Health Service Commissioned Corps. Two years and some months later, Secretary Leavitt firmly committed to the changes that are necessary for us to achieve this Transformation. Over the past two months, many of our fellow officers have served on workgroups established to develop plans for implementing these changes. Before final decisions are made, our OPDIVS must weigh in, policies must be written and evaluated, and resources must be secured. Although it seems, at times, that we are still in a holding pattern, we are achieving our goals for a bigger and better Commissioned Corps!

The Junior Officer Advisory Group has played an increasingly important role in all of these processes, and it's because of your enthusiasm, determination, creativity, and leadership. Everyone should feel extremely proud of his/her contributions. JOAG embodies Esprit d' Corps and Officership, and I believe we serve as a role model for the Corps. The most important thing we can do now is to continue to work together to establish our new Corps, so that we can spend our time doing what we do best - caring for the Nation's (and the world's) health.

I hope to see you at the Commissioned Officers Association meeting in May!

Sincerely,

LCDR Claudine Samanic

JOAG Chair



Interview with RADM Higgins (USCG)

Contributed by
LCDR Erica Schwartz, USCG

“My current mentors include an ADM and two VADMs, but my role models are a petty officer and two officers in my officer who have each overcome significant personal hardships, yet still come to work every day with a “can do” attitude and make a great daily silent contribution.”

Please provide a brief synopsis of your background and various positions that you have held in the Commissioned Corps and describe your position. My father was close to retirement (after 40+ years in the Army and Army Nation Guard) when I was completing my Bachelors degree (Biology, Siena College). I knew I was destined to serve in uniform but not in the Army. Plus, I still retained my childhood interest of serving in the Coast Guard. My father felt the Public Health Service offered the most career choices and that was truly visionary advice. I received a National Health Service Scholarship and entered Georgetown Univ. School of Medicine at age 20. I enjoyed every minute at Georgetown and requested an educational deferment to complete a Family Medicine residency at the Univ. of Virginia. Despite learning a great deal at UVA and serving my third year as the Chief Resident, nothing could have prepared me for serving solo at a migrant farm workers clinic. I served four years at that site in Rushville, New York, then transferred to Governors Island for a five year tour in Coast Guard Uniform (including serving as the Flight Surgeon at Brooklyn Air Station). When both of those bases closed, I transferred to Coast Guard Headquarters where I served as the Chief of Operational Medicine, then the Chief of Health Services and now as the Director of Health and Safety. My office has 52 employees and about 2300 in the field. I have had numerous overseas

deployments, including: Haiti, Gitmo, New Zealand, and the South Pole.

What position was the most challenging and why? Every tour and training opportunity was a great challenge, but I found the first position out of patient care (at USCG Headquarters) to be the most alien. Patient care skills and medical knowledge are secondary when dealing with recruiting, policy, and budget issues.

What other CC/PHS organizations or activities are you involved with? I am a firm believer in the COA and Jerry Farrell. I cannot imagine the CC surviving without that organization, and I should do more to support COA. My current position requires frequent interaction with officials from Dept. of Homeland Security, Dept. of Defense, PHS and USCG. Each has a different language and those relationships require significant daily attention. I have concentrated my extra energy on my volunteer position as the Medical Director of the Navy Mutual Aid Assoc. and prior to that I volunteered as a board member of a non-profit day care center and youth athletics.

Who was your most influential Corps mentor and why? I am so lucky to have terrific mentors throughout my career, but I would have to say that CAPT AI Brassel (USPHS ret) was the most influential. He had an amazing balance of officership and medical provider and my career is a result of his initial

direction. My current mentors include an ADM and two VADMs, but my role models are a petty officer and two officers in my officer who have each overcome significant personal hardships, yet still come to work every day with a “can do” attitude and make a great daily silent contribution.

If you could give one piece of advice to JOs, what would it be? Don't focus on your career, focus on your job. It is heartbreaking for me to see JOs leave BOTC with determination to demand an all “E” COER and multiple awards and concentrate their energy on what they think is important. I am not recommending ignoring your career, but my advice is to communicate daily with your supervisor and do what your supervisor states is a priority. Officership is doing your job and doing it to the best of your ability.

What is the most valuable lesson you have learned in your PHS experience? Even the best professionals with the greatest training and experience need supervision and attention. That is when great people can make the greatest contributions.

What do you think has been the greatest contribution that you have made to the mission of the CC/PHS? I hope it is that communication of your expectations with your subordinates and supervisors is the key to an effective organization.

In the Eye of the Storm

A PHS Flight Surgeon's Experience During Hurricane Katrina

Contributed by
LCDR John Hariadi, USCG

On 29 August, right after the storm passed, I began receiving urgent requests for evacuating patients who were picked up in Mississippi and New Orleans. The patients, exhausted from the events of the storm, were in obvious mental and physical pain. I remember making several trips to the flight line to assess numerous patients. Some of the patients were brought to our medical clinic at the Coast Guard Aviation Training Center (ATC) in Mobile, which served as a make-shift urgent care and ambulance staging area. Those ambulatory patients who suffered from mild dehydration were treated at our clinic. Others, who had burns and/or orthopedic injuries requiring tertiary care, were sent by ambulance to local hospitals.

By the third day, I was informed that the situation at New Orleans

was worse than anyone expected. They were in critical need for a flight surgeon at the Coast Guard Air Station in Belle Chase which is located on the west bank of the Mississippi river across from downtown New Orleans. The Air Station had been brutally beaten by the storm – it had no power or running water and the aircrews had been working around the clock to sustain the fast-paced rescue tempo. Several aircrew were dehydrated and exhausted. Other aircrew members expressed concern about possible exposure to "water toxins." My colleagues and I emphasized preventive health measures focusing on basic personal hygiene (e.g. wash your hands with soap and water, etc.) Fortunately, there were a limited number of infectious gastroenteritis cases

among the aircrew. The most interesting case involved an aircrew member who had the unfortunate misfortune to be bitten by a bat.

All in all, this was a most remarkable week and one that I will not forget.

It PAYS to be a Commissioned Officer

Contributed by
LT Lori Evans, CDC

Student loan payment for an officer owing \$40,000 that commits 2 years to bettering the health of our Native American population = \$0

Amount needed for down-payment on a home purchased through the VA loan program = \$0

Out of pocket healthcare expenses for yourself = \$0

Tax-free allowances, 30-days annual leave, and the satisfaction of knowing you're impacting our nation's public health...PRICELESS

5 benefits your officership allows you:

(1) [VA home loans](#). Effective January 1, 2006, changes in the VA loan guaranty limits mean veterans are able to get no-down payment loans up to \$417,000.

This is up from the previous ceiling of \$359,650. With VA guaranteeing a portion of the loan, veterans can receive a competitive interest rate without making a down payment, making it easier to buy a home. [www.homeloans.va.gov](#)

(2) [Nationwide Military Discounts from Retailers](#). Free admissions to theme parks, 45-55% LASIK Eye Surgery Discount, and up to 17% off at the Apple store...just to name a few. iPods are great to have on deployments! [www.military.com](#)

(3) [Thrift Savings Plan](#). This Federal Government-sponsored retirement savings and investment plan. Beginning August 1, 2005, the TSP began offering "lifecycle funds" which have a mix of investments of different types and characteristics, such as domestic stocks, international stocks, and bonds. The mix is chosen based on the

date when you will need to use your money. This is a nice plan for those who like to invest on "autopilot". [www.tsp.gov](#)

(4) Tax-exemptions. A substantial but often overlooked aspect of military pay is certain built-in tax advantages. The primary allowances for most individuals are BAS and [BAH](#), which are tax-exempt.

(5) Participation in the DoD [Space-A](#) program is only one of the privileges extended by DoD as a courtesy to PHS commissioned officers and their dependents. Other money-saving benefits include: access to base exchanges and commissaries all over the US, temporary lodging, and legal services. [www.spacea.info](#)

WHAT IS JOAG DOING AT COA IN MAY?

Sunday April 30th:
JOAG meeting from 6-8:30 pm, watch the listserv for specific location

Monday May 1st:
Category CPO Forum starting at 8:30 am. Don't miss this opportunity to get to know your CPO! Forum location will be announced via listserv soon

Wednesday May 3rd:
All officers attending the COA Conference are asked to join us at B52s located at 1920 Market Street on Wednesday, May 3rd at 8:30 PM (after the APFT). This event is open to all junior and senior officers who would like to kick back and relax. B52s has something for everyone – a variety of eating and beverage choices, pool tables, music, and most importantly fun! Hope to see you there!

A map with directions can be picked up at the JOAG booth any time during the conference.

Reaching beyond the "traditional" pharmacy role

Contributed by
LCDR Mary Jo Zunic, IHS

LCDR Zunic is the SDPI
Healthy Heart Project
Coordinator and
Diabetes-
Cardiovascular Disease
Management
Pharmacist at the
Albuquerque Indian
Health Center in
Albuquerque, New
Mexico

Our grant is titled, "The Healthy Heart Project". We received funding in October 2004 in the amount of \$404,000 each year for an additional 5 years. We are 1 of 30 grantees that are Indian Health Service/tribal/urban programs across the United States (including Alaska) who received this grant to reduce the cardiovascular disease risk(s) in Native Americans who have type 2 diabetes.

The inclusion criteria includes age ≥ 18 years; diagnosis of type 2 diabetes. Exclusion criteria includes those on dialysis, those undergoing cancer treatment currently, those pregnant (they may join or rejoin after they have their child(ren)), those with unstable cardiovascular disease, those with active alcohol/substance abuse that in the provider judgement would prevent them from successfully participating.

Our focus areas are on hypertension; dyslipidemia; aspirin use; tobacco cessation; hyperglycemia. We are following the Indian Health Standards of Care for diabetes and the ADA guidelines for goal values. In addition to the above intervention areas, we are providing stress management opportunities and also helping participants to lose 7% of their weight through exercise prescriptions. Our site is also adding in "Family Planning" where female participants can meet with me to review their family planning options and even start on birth control pills because we were concerned with the teratogenicity of the medications we'll be using to control their risk factors (i.e., statins). I, along with Thaddus, our pharmacy intern, provide tobacco cessation through the patch/bupropion for all participants.

All the grantees are told what they have to meet as far as outcomes. All of us use the same intervention of case management. However, each site is unique in how it implements case management. Our site uses 5 case managers (a nurse, a nutritionist, pharmacy intern, pharmacist and our lead recruiter). I, along with the pharmacy intern provide medication management along with the case management to participants. The other case managers must get verbal orders from the PCP to adjust/change medications. The case management involves meeting with your assigned participant and being their coach, on a monthly 1 hour basis to help them reach their goals related to cardiovascular risk(s). In these 1 on 1 sessions, we provide education, help the participant problem solve and of course, lots of encouragement and praise for their accomplishments. We make sure that they are keeping their appointments and getting necessary labs done to meet the Standards of Care (just as their PCP does). We do not replace their PCP, but only act as an extension because as we know, the PCP usually only has about 15-20 minutes with each patient. In addition to the 1 on 1 sessions, we also provide group classes using the curriculum, "Honoring the Gift of Heart Health" from National Heart, Lung, Blood Institute.

Our minimum number of participants we must enroll is 50 per year. Right now we're at 14. We began enrolling participants on February 3rd, to coincide with "Wear Red" day.

We are funded for a full 5 years but then must see if Congress will allocate more funds to continue this project. The reason we received these funds was because of the realization that CVD is in fact increasing in Native Americans and declining in the general US population. This is to meet that need. The funding comes out of the "Special Diabetes Program for Indians" (SDPI) and sites that had previously received non-competitive funds were eligible to apply for the competitive funds for CVD risk reduction. Our existing diabetes department is partly funded by noncompetitive funds.

Another neat thing is that there is another type of grant that is also functioning concurrently. This is to prevent diabetes. There are 36 grantees.

Our grant is currently working at the Albuquerque Indian Health Center but will eventually spend several days per month out in Santa Ana, Zia and Sandia as well.

GET INVOLVED!!!



Join in for JOAG's monthly meetings via teleconference or in person. Our meeting is the 2nd Friday of each month from 1300 to 1500 EST. Call in information:

Phone: 866-772-5230

Password: 4413222

Surgeon General's
Conference Room (18-57)
Parklawn Building, 5600
Fisher's Lane, Rockville, MD

The JOAG Recruitment and Retention Committee's COSTEP Connection workgroup is requesting volunteers to serve as mentors to the 2006 JRCOSTEPs for the upcoming summer. More information can be found on the JOAG website at www.joag.org

Become a JOAG Voting Member! The 2006 Call for Nominations is underway. Appointments are for a two year term and self-nominations are encouraged. Act quickly because applications must be submitted by April 14, 2006. Nomination forms and additional info can be found on the website.

A Heart to Care

Contributed by
LCDR Anita E Pollard, CMS

It was as if there had been a vigil since August 28, 2005, as I awaited receipt of information regarding deployment for medical relief in the Gulf Coast Region. When nothing materialized out of a 'stand-by' status deployment to Hurricane Katrina, I sighed a breath of relief and went back to my everyday responsibilities. Hurricane Ophelia threatened the region, and I was again informed to have my bags "at the ready" for a 24-hour travel notification. Hurricane Ophelia came and went and I was spared. When weather forecasters began to track what was then categorized as Tropical Storm Rita, instead of being confident that I would not be deployed for a third time, I began to settle matters that needed attention if I were to be absent for fourteen days. I paid my monthly bills, submitted a 'hold mail' card to the US Postal Service, notified close friends, church and family members; and sent updated copies of legal documents to my sister. On Thursday, September 22nd, I received an email at work that read, "YOU HAVE BEEN ASSIGNED TO HURRICANE RITA MEDICAL TEAM...DEPLOY IN THE NEXT 24-48 HOURS...BRING A SLEEPING BAG OR BED ROLL." Bring a sleeping bag?! I was then envisioning austere conditions, the lack of running water, and all kinds of situations that I had not prepared for mentally or emotionally. That afternoon, I left my office with well wishes, prayers, hugs, and 2lbs. of my favorite candy from colleagues who did not anticipate seeing me for two weeks. They were more than right; I would not return back to my office until October 10, 2005.

On Friday, September 23rd at 12:15pm, while sitting at my home PC, I noticed that I had received a new email. Apprehensively, I opened the email and in fact the information that I had anticipated for three weeks, travel orders and an itinerary for deployment, were enclosed. Three hours later, I was at Logan Airport in Boston, Massachusetts, boarding a commercial American Airlines flight to Dallas with a connection on to Austin, TX. During the course of the flight, not only did my seatmate familiarize me with the new-rave game, Sudoku, but I also had an opportunity to reflect on what I was about to encounter. As all Americans, I had witnessed via the media, the physical, economic, and psychological desolation resulting from Hurricanes Katrina and Ophelia. More specifically, I was conscious of the emergency medical relief that was so urgently needed. I reminded myself that I was leaving a comfortably secured home, to go care for those who were ill and displaced and for whom, life for the most part was uncertain. I prayed that I would be granted the knowledge, insight, patience and strength that I would need to fulfill my duties as a nurse and to execute the mission of the United States Public Health Service (USPHS) Commissioned Corps. I hoped that upon departing this tremendous experience, I would have gained a greater sense of purpose and a realignment of what is most important in life.

Although my flight arrived in Austin at 8:39pm (CST) it would not be until 2:30am Saturday, September 24th, along with twenty-five USPHS officers traveling on a coach bus for three hours, that I would arrive at our destination, the Large Veterinary Animal Hospital (LVAH) of Texas A&M University, College Station, TX. Pursuant to our arrival, we were briefed and learned that two days earlier, Texas A&M's LVAH, a state-of-the-art facility, was converted into a temporary hospital for humans. Of the approximately thirty temporary shelters in the Bryan-College Station area comprising 8,000 evacuees, emergency management authorities had classified LVAH as the medical shelter because of its structural soundness and backup generator. There were approximately 383 residents boarding in the LVAH facility. Most residents were relocated from coastal Texas nursing homes, other residents were transferred from shelters after being identified as needing medical care, and several others were outpatients from Shriners Burn Hospital in Galveston. I would later learn that 160 USPHS officers responded to this deployment. These officers represented diverse disciplines including physicians, nurses, psychiatrists, physical therapists, dieticians, social workers, and engineers.

At this point, I was extremely fatigued and just wanted to get some sleep. The only thing keeping me functioning was sheer will. I meandered my way through the crowd, presented myself to the night nurse supervisor, and was taken aback when she directed me to report to the Alzheimer's Unit for the day shift. Alzheimer's Unit?! Day Shift?! According to my watch, I would get a maximum of three hours of sleep! Having been in the Uniformed Services for thirteen years, I certainly knew that protocol did not give me the latitude to question a senior officer's order. I shuffled along with the other officers, luggage in tow, to what had been designated as our temporary sleeping quarters, the Small Animal Hospital. This building was located diagonal to the LVAH and was less than a two-minute walk down a single sidewalk and through a small parking lot. When I saw the army cots that were neatly placed on the second floor, I lost all optimism for "restful" sleep and just settled for sleep of any quality. I was appreciative for my sleeping bag.

In the early hours of Saturday, during my three hours of broken sleep, Hurricane Rita made landfall as a Category 3 hurricane near the Louisiana-Texas state line and thankfully, only caused minor wind damage in the College Station area. Later that same morning, I reported to the Alzheimer's Unit at 6:45am and after several minutes of observation, it was evident that I would be providing the type of care that I had grown accustomed to monitoring in my everyday role as a Medicare regulatory surveyor. Supporting the nursing home staff that accompanied the evacuated residents, over the next four days, I provided care that varied from performing physical assessments; cueing, feeding & providing nourishment to those who were dependent for their dietary needs; changing incontinent residents and assisting others with their ADLs; physically lifting non-ambulatory residents; and holding the hands of those who were confused and disturbed about the unfamiliar environment. I chuckle when I recall taking 800mg of Motrin, opting for a hot shower over dinner, and curling up in my "sleeping bag/army cot rig" the evening of my first day of work. It felt as though every muscle from my neck to my feet was aching. I recollect the efforts of Drs. Noah Cohen and Allen Roussel, Texas A & M Faculty Veterinarians, who indefatigably worked thirteen-hour day shifts assisting us in providing care to the forty or so Alzheimer's residents. I was extremely appreciative one day when I heard music by Drs. Randy Stewart and Dickson Varner, Faculty Veterinarians who played their harmonica and guitar, which functioned as a much needed de-stimulus at that particular time. I do not consider myself a country music lover but that was certainly "music to my ears". *(continued on next page)*

LCDR Anita E. Pollard, a former Navy Nurse, has been in the United States Public Health Services since 1999, and has spent the past five years working as a Nurse Consultant for the Centers for Medicare & Medicaid Services, Boston, MA

(continued from previous page)

On Tuesday afternoon we assisted the nursing home staff in packing U-Hauls and personal vehicles with medical equipment and supplies. School buses and large passenger vehicles were contracted to convoy the residents back to their perspective nursing homes, now that the clearance to return had been granted by their local public health authorities. We made certain that the residents had enough food and fluid for their three-hour trip home to the coastal regions of Texas.

With only a few individuals left in the facility, our task shifted to cleaning and clearing the facility so that it could return to its normal business. Wednesday, September 28th, in weather that reached 110-degree heat index, we were 'all hands' de-contaminating and palletizing the 400 army cots, wheelchairs, and tables utilized by the evacuees. Mission accomplished, in dampened uniforms and exhausted, half of our team boarded coach buses and rental cars to caravan the 90-mile distance from College Station to Waco, TX for our new assignment. The remaining team members traveled on to Marlin, TX to provide medical relief for a new mission in that area. I would not see those assigned to the Marlin Unit until a day or so before the end of my deployment.

The VA Medical Center (VAMC) at Waco was my destination that Wednesday afternoon, September 28th. The VAMC at Waco is a 508-acre site located approximately five miles south of downtown Waco, TX. Similar to many other VA medical centers across the country, as a result of budget cuts and changes in beneficiary healthcare, in recent years VAMC at Waco has downsized its services. A day prior to our arrival, Centers for Disease Control staff had gone into one of the several vacant three-story buildings and began to clean and prepare the building for its transformation into a medical shelter. When we arrived that Wednesday afternoon, the nursing stations were void of everything that resembles what is characteristically noticed in nursing stations, i.e. telephones, computers, chairs, resident boards, office supplies, and even light bulbs in the overhead florescent fixtures. The resident rooms had been equipped with army cots, egg crates, pillows, and disposable sheets but the medical supply and pharmacy areas were bare! Though exhausted from the clean-up earlier that morning at LAVH, while our engineers tested the water and air systems and the pharmacists met with VA and the local Walmart pharmacy staff, the clinicians all pitched in and scavenged supplies from 'wherever' to bring the four resident units up to par to receive our first patients on Thursday afternoon. We learned from the facilities staff that the buildings had been vacant for as many as three years, which accounted for what we observed.

This medical shelter, later dubbed by the *Waco Tribune* "The Silver Lining," would, in time, board and supply medical services to 169 infants, adults, and geriatrics. These individuals had been evacuated from Port Arthur, Beaumont, and Lake Charles, Texas, just prior to/or during Hurricane Rita's landfall. Because most of these residents had baseline co-morbidities and compromises to their health prior to being evacuated, by the time they reached our shelter, each individual embodied a new clinical challenge. I remember in a single morning, educating a newly diagnosed diabetic in the steps of drawing up and correctly self-administering insulin; in the very next encounter, accompanying a paranoid schizophrenia woman to the dining room for breakfast; and upon returning to the unit, padding the side rails of our one hospital bed for a epileptic who was a poor historian and could not recall how long it had been since she had last taken her prescribed Phenobarbital and Dilantin. Our resources were limited but we were determined to make the best of what we had. On Saturday, October 1st, we received a psychological boost when joined by VA clinicians who also responded to the 'deployment call' and volunteered to staff the facility in anticipation of our team's departure. My week working at this facility was invigorating yet exhausting and the clinical challenges were innumerable.

In spite of the sleeping accommodations; the 12-hour shifts that often became 14-hours shifts; the long periods of standing; and being away from home, this deployment will be a page that I mark in my life's book of memories. The flexibility, professionalism, and camaraderie that were displayed among the USPHS officers and by our colleagues from the VA system were noteworthy and it gives me enormous gratification to be named in the same profession. I am reminded of a quote by Author and Poet, Maya Angelou, which asserts, "If you find it in your heart to care for somebody else, you will have succeeded." I would like to think of those two weeks in September 2005 as a personal success.

Should your particular family and employment circumstances permit, I encourage you to volunteer for future medical deployments. Mock emergency situational trainings, although often good, cannot duplicate a first hand disaster relief experience.

This article was originally printed in the National Black Nurses Association Newsletter (February 2006).

**Help to ensure
the future of the
Commissioned
Corps
Apply to become
an Associate
Recruiter today!
Information
available at
http://dcp.psc.gov/ARP_Materials.asp**

CHECK OUT THE NEWLY UPDATED JOAG WEBSITE!!!

You can now find general information about JOAG, news, committee reports, JOAG meeting information, how to join, and even member biographies at www.joag.org

"Life is not measured by the number of breaths we take, but by the places and moments that take our breath away" -Anonymous-

Junior Officer images from Hurricanes Katrina and Rita, Fall 2005



PHS Officers with US Senator Mary Landrieu, Special Needs Shelter, Alexandria, Louisiana



Destruction in Gulf Port, Mississippi



LCDR Grogan and LT Feda, Meridian, MS



LCDR Lea Latham, Special Needs Shelter, Monroe, Louisiana



Even Anheuser-Busch pitched in to help



COs with SERT, Camp Phoenix, and Camp Allen, Baton Rouge, Louisiana



Camp Phoenix



Pride in the midst of a crisis



LCDR Michael Romp and friend, Louisiana



CDR Bernard Long, RADM Vanderwagen



LTJG Mike Racine, expeditionary water treatment plant, Waveland, Mississippi



LT Daniel Webster, Collection of household hazardous waste site, St. Tammany Parish, Louisiana



Special Needs Shelter, Monroe, Louisiana



LT Jennifer DiPietra and LT Kellie Cosby at Camp Phoenix, Baton Rouge, Louisiana



Home Sweet Hangar, England AFB, Alexandria, Louisiana



Clinic set up outside Methodist Hospital, New Orleans, Louisiana



LCDR Michael Romp, Animal Rescue, LA



LCDR Mary Jo Zunic and LCDR Monica Zeballos, Baton Rouge, Louisiana



LCDR Heidi Blanck and CDR Sharan Freihberg, Waco, Texas



Group Picture from Baton Rouge, Louisiana



LCDR Laura Grogan, Providing wound care to evacuee, Meridian, Mississippi



Mobile Strike Team from Baton Rouge, LA



Camp Allen sleeping quarters



LCDR Madelyn Renteria, LCDR Dianne Paroan, LCDR Denise Hinton, Special Needs Shelter, Alexandria, Louisiana



SERT Baton Rouge, Louisiana



Shelter Assessment Teams out of Austin, TX



Nevada 1, Gulf Port, Mississippi

Committee Reports and Updates

Professional Development Committee

Chair: LT Carolyn Oyster

Co-Chair: LCDR Josh Schier

Purpose: To aid and assist the Junior Officer in the continued development and attainment of the highest ideals of officership, leadership and ethical behavior.

- Created, implemented and distributed the first written SOPs for all JOAG committees to help monitor officer activities within each committee and evaluate officer performance within a committee
- Created a Professional Development Reading List for the website using our sister service suggested reading lists and senior USPHS officer suggestions
- Created, developed and marketed the first JOAG challenge coin, the **JOAG Medallion** to sell at COA
- Created a JOAG "Thank You" letter template for COSTEP preceptors to use to thank their students after their tour
- Created a Professional Development workshop at COA after the success of last year's Professional Development workshop
- Generated interest for a CPO/PAC Chair forum for junior officers a second year in a row at COA
- Created the idea and invited JOAG's two guest lecturers to who spoke to JOAG during general meetings this year (CAPT Shackelford, January 2006; RADM Vanderwagen, April 2006)

Recruitment and Retention Committee

Chair: LCDR Madelyn Renteria

Co-Chair: LT Stacey Smith

Purpose: To increase the number of junior officers in the United States Public Health Service Commissioned Corps.

- Created the COSTEP Connection (formerly the JOAG COSTEP Mentoring Program) to provide COSTEPs an officer contact who will be available to answer questions, assist with career opportunities, and provide support. Now seeking volunteers for the 2006 year.
- Created a newsletter to be distributed via the JOAG listserv, JOAG website, and CC-Information listserv
- Developed and is maintaining a list of upcoming Career Fairs and recruitment opportunities; information will be posted on the listserv

Welcoming Committee

Chair: LT Heather Dimeris

Co-Chair: LCDR Rona LeBlanc

Purpose: To provide and disseminate information to newly commissioned junior officers.

The Committee welcomes newly commissioned junior officers to JOAG by emailing each of them a welcoming letter, a JOAG brochure, and an information fact sheet. This is often the first correspondence that junior officers receive regarding JOAG and it is a valuable resource that provides information about JOAG as well as general information about the USPHS Commission Corps. The Committee is working on several exciting activities this year. Some of the activities include, planning part of the JOAG exhibit booth that will be displayed at the Commissioned Officer Association Meeting in May, updating the information fact sheet that is sent to newly commissioned junior officers, and supplying JOAG materials for the Basic Officer Training Courses.

Policy & Procedures Committee

Chair: LCDR Thomas Pryor

Purpose: The purpose of the committee: To establish guidelines and operating procedures governing the Junior Officer Advisory Group.

The policy and procedure committee will begin work on updating and revising the current Charter and Bylaws.

**Junior Officer
Advisory Group
Executive Committee**

Chair
LCDR Claudine
Samanic

Chair Elect
LCDR Thomas Pryor

Vice Chair
LT Jane Bleuel

Executive Secretary
LCDR Ernie Sullivent

Ex-officio
LT Michelle Colledge

Senior Advisor
CAPT D.W. Chen

Communications Committee

Chair: LT Jane Bleuel

Co-Chair and Webmaster: LT Mark Rives

Purpose: To facilitate the dissemination of Corps-related information to junior officers.

Current Activities

- Continuous maintenance of the JOAG website by webmaster LT Mark Rives
- Increasing the focus on JOAG Committees through individual committee webpages
- Developing a JOAG COA Newsletter to be distributed at the COA Conference in Denver
- Establishing relationships with uniformed service organizations in order to highlight the PHS in their publications; submitting regular articles for publication
- Expanding the distribution of JOAG- and PHS-related information

Membership Committee

Chair: LT Michelle Colledge

Purpose: To select, facilitate, and assist new members in going through the nomination and appointment processes outlined in Article VI of the JOAG Bylaws.

The Membership Committee put out a call for nominations for new members Thursday, March 9th. All nomination packets are due on or before April 14. The Membership Committee is looking for volunteers to help review the applications. If you are interested and are not applying, please contact LT Michelle Colledge, Membership Chair, at Colledge.Michelle@epa.gov. Applicant reviews will begin in mid April.

JOAG Fundraising Workgroup

Chair: Geoffrey Wachs

Purpose: Plan and conduct fundraising activities to benefit junior officers in the Commissioned Corps.

The JOAG Fundraising Workgroup will have available T-Shirts, Coffee Cups and Water Bottles available at the 2006 COA Convention. These items will only be available at the convention; no mail in orders will be accepted.

JOAG Voting Members

LT Jane Bleuel, IHS, Dentist
LCDR Brian Campbell, IHS, Pharmacist
CAPT DW Chen, DoD, Medical
LT Michelle Colledge, ATSDR, HSO
LT Heather Dimeris, HRSA, Dietitian
LT Jennifer di Pietra, CDC, HSO
LCDR Karen Dorse, DIHS, Nurse
LT Jennifer Freed, ATSDR, EHO
LCDR Ted Hall, IHS, Pharmacist
LCDR Jackie Kennedy-Sullivan, CMS, Nurse
LCDR Rona LeBlanc, FDA, Scientist

LT Carolyn Oyster, OCCO, EHO
LCDR Thomas Pryor, IHS, Nurse
LCDR Madelyn Renteria, HRSA, Nurse
LCDR Jeffrey Richardson, IHS, Therapist
LCDR Claudine Samanic, NIH, HSO
LCDR Joshua Schier, CDC, Medical
LT Stacey Smith, IHS, Pharmacist
LCDR Ernie Sullivent, CDC, Medical
LCDR Geoff Wachs, IHS, Engineer
LCDR Allison Williams, CDC, Veterinarian

JOAG Welcomes the Corps' Newly Commissioned Officers!!!

From BOP:

LT Wanza Bacon, Nurse, Atlanta, GA
 LT Matthew Dionne, Pharmacist, Littleton, CO
 LT Douglas Florentino, Therapist, Ayer, MA
 LTJG Scott Hickey, Nurse, Ayer, MA
 LT Shah Khan, HSO, Butner, NC
 LT Paula Lebron, Nurse, Butner, NC
 LTJG Katrina Redman, HSO, Butner, NC
 ENS Frances Williams, HSO, Savannah, GA

From CDC:

LCDR Alicia Anderson, Veterinarian, Atlanta, GA
 Lcdr David Byrne, Therapist, Cincinnati, OH
 LT Darryln Cornelius-Averha, HSO, Atlanta, GA
 LT Roland Richard, HSO, Atlanta, GA

From FDA:

LT Tomika Bivens, HSO, Atlanta, GA
 LT Suzanne Wolcuff, Dietitian, Rockville, MD

From HCFA:

LT Karina Aguilar, HSO, New York, NY
 LT Darren Orgel, Therapist, San Francisco, CA

From HRSA:

LCDR Shari Campbell, HSO, Rockville, MD
 LT Bessie Cobar, Nurse, Florence, AZ
 LT Sheila Darder-Bonilla, Nurse, Pearsall, TX
 LT Edwin Deguzman, Pharmacist, San Diego, CA
 LT Jessica Diaz, Nurse, Miami, FL
 LT Carla Ducree, Nurse, Tacoma, WA
 LT Davonda Roberts, Nurse, El Centro, CA
 LT Latrece Timmons, HSO, Rockville, MD

From NIH:

LT Margarita Velarde, Nurse, Bethesda, MD
 LT Kieu-Phuong Vu, Therapist, Bethesda, MD

From IHS:

LCDR Tina Anliker, Nurse, Anchorage, AK
 LT Cenk Ayril, Nurse, Whiteriver, AZ
 LT Natalie Cambridge, Nurse, Shiprock, NM
 LTJG Thomas Dehoop, Nurse, Anchorage, AK
 LT Thomas Durham, Nurse, Shiprock, NM
 LTJG Kaylene Elliot, Nurse, Whiteriver, AZ
 LT Jason Fitzgerald, Nurse, Phoenix, AZ
 LT Maria Gomez, Nurse, Peach Springs, AZ
 LT Timothy Gordon, Therapist, Browning, MT
 LT Darrel Hamel, HSO, Anchorage, AK
 Lcdr Lavonne Hammelman, HSO, Toppenish, WA
 LT Verna Hastings, Nurse, Whiteriver, AZ
 LT James Hicks, Pharmacist, Winslow, AZ
 LTJG Joe Hill, HSO, Talihina, OK
 LTJG Matthew Ireland, Engineer, Bemidji, MN
 LT Joseph Kennedy, Therapist, Nome, AK
 LT Kimberly Kuklis, Nurse, Anchorage, AK
 LTJG Carmelita Martin, Nurse, Crownpoint, NM
 LTJG Jeremy Mason, EHO, Ignacio, CO
 LT Eleanor Morin, Nurse, Red Lake Falls, MN
 LTJG Lorrinda Peterson, Nurse, Winslow, AZ
 LT Stephanie Puerta, HSO, McGrath, AK
 Lcdr Joseph Rasor, Therapist, Phoenix, AZ
 LT Holly Rice, Pharmacist, Sisseton, SD
 LT Thomas Schroeder, Therapist, Shiprock, NM
 LTJG David Setwyn, Engineer, Winterhaven, CA
 LT Michelle Seybert, Pharmacist, Anchorage, AK
 LT Shannon Stroud, Nurse, Lawrence, KS
 LT Jennifer Tredway, Nurse, Tuba City, AZ
 LT Erik Vincent, Nurse, Lawton, OK
 LT Jennifer Werito, HSO, Whiteriver, AZ
 ENS Jon Wieringa, HSO, Ogema, MN



A very special thanks to all the officers who submitted pictures from the Katrina/Rita deployments!

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LCDR Claudine Samanic	LCDR Anita Pollard
LCDR John Hariadi	LT Stacey Smith
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