

Junior Officer

Advisory Group

A newsletter for junior officers by junior officers

Volume 3

Winter 2007



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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

Dear JOAG,

In 1999 the Corps leadership recognized a need to solicit input from junior officers regarding issues pertaining to policy and career development. An advisory group was formed – the Junior Officer Ad Hoc Advisory Group – as the predecessor of today’s Junior Officer Advisory Group. What we now know as JOAG was officially chartered on December 7, 2001, by our 16th Surgeon General – Dr. Satcher. Thanks to the efforts of all the officers (many of whom are now senior officers) who worked so tirelessly these last five years, JOAG has evolved into an organization through which junior officers are increasingly afforded the opportunity to provide input and consultation to our most senior leadership. In addition, JOAG serves a diverse membership of officers as a collective voice in helping to address some of our nation’s public health concerns.

As I reflect on this five year milestone, I want to take a moment and comment on other aspects of service we are involved in as commissioned officers in the United States Public Health Service. As you may recall, last year’s COA conference in Denver focused primarily on deployment activities of the previous year – a busy one for Public Health Service officers following the devastation wrought by hurricanes Katrina, Rita, and Wilma. The effectiveness of our response to national and global crises has led to increased support for our transformation into an even more viable, and visible uniformed service.

Since assuming the role of JOAG Chair I have heard from many of you during our general membership meeting or by email. Many have articulated a heartfelt desire to serve on these deployments, yet feel an equal struggle and frustration when you are unable to “answer the call” – often for reasons out of your control. Your hunger to serve in this capacity reinforces my own commitment and pride when wearing my uniform, knowing I am part of such a dedicated team of PHS officers. Having been given the opportunity to serve you as the Chair, I have gained greater insight into what I believe is the Corps’ greatest resource and the reason for its sustained success: stories of your daily service.

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Message from our Chair (continued)

(continued from Page 1)



Each day we put on the uniform we are – in a way – on a deployment, serving the needs of the communities and agencies we represent. Whether you are providing nutritional education to a recently diagnosed Native American with diabetes; inspecting cargo that crosses our borders; providing primary care as a clinician to underserved populations; doing research at NIH; serving a local health department as an epidemiologist; or developing policy and programmatic activities as a health care administrator – you are serving the public health needs of the country. Although the media and cameras may be absent from our daily duties this is, arguably, our greatest work. There will always be a need for officers to participate in a disaster response, but our “daily deployments” are the cornerstone of our proud history as commissioned officers in the United States Public Health Service.

Just as there are different ways to serve our mission (and this includes those who must stay behind to support the deployments of others), there are many ways to be of service to this organization. I want to encourage each of you to participate, as you are able, in JOAG. Remember this is an organization created by junior officers, led by junior officers and whose successes over the past five years are a direct outcome of the hard work of its general membership. Regardless of your capacity to serve, either as a member of a committee, participant in our meetings, providing feedback to our list serve announcements, filling a voting membership role, or member of the executive committee your participation is greatly valued! As your Chair, I want to thank you again for the opportunity to get to know many of you through your shared stories and most of all your service as proud members of the United States Public Health Service.

Respectfully,

LCDR Thomas Pryor

JOAG Voting Membership for 2006-2007:

LCDR Mehrdad Amani, Dental, DHS, Alameda, CA
 LCDR Brian Campbell, Pharmacy, IHS, Whiteriver, AZ
 LCDR Rhondalyn Cox, HSO, OS/OCCO/DCCR, Rockville, MD
 LCDR Jean-Pierre DeBarros, HSO, HRSA/DIHS, Washington, DC
 LCDR Karen Dorse, Nurse, HRSA/DIHS, Aquadilla, Puerto Rico
 LCDR Richard Henry, HSO, OS/OPHS, Rockville, MD
 LCDR Kristina Joyce-Pittman, Pharmacy, FDA, Sicklerville, NJ
 LCDR Jackie Kennedy-Sullivan, Nurse, DOD/TMA, Falls Church, VA
 LCDR Rona LeBlanc, Scientist, FDA, Rockville, MD
 LCDR Thomas Pryor, Nurse, IHS, Phoenix, AZ

LCDR Jonathon Rash, Engineer, IHS, Escondido, CA
 LCDR Madelyn Renteria, Nurse, HRSA, Rockville, MD
 LCDR Erica Schwartz, Medical, USCG, Washington, DC
 LCDR Ernie Sullivent, Medical, CDC, Atlanta, GA
 LCDR Allison Williams, Veterinarian, CDC, Atlanta, GA
 LT Heather Dimeris, Dietician, HRSA, Rockville, MD
 LT Jessica Feda, Therapy, BOP, Rochester, MN
 LT Jennifer Freed, EHO, CDC/ATSDR, Atlanta, GA
 LT Stacey Smith, Pharmacy, IHS, Ft. Washakie, WY
 LT Aimee Treffileti, EHO, CDC/ATSDR, Atlanta, GA

Space-Available Travel (Space-A)

Contributed by
LT Varsha Savalia, FDA

If you have the time and patience, Space-Available travel, which is referred to as Space-A, has a lot to offer. Space-A travel applies to flights and lodging. Space-A is available to members of all the Uniformed Services, including USPHS Commissioned Officers, and their families. The family must be accompanying the Officer for the flight, but not for the lodging.

Lodging accommodations are based on availability of space at the lodging facility. Reservations may be made by calling 1-800-724-9988 or by visiting the Armed Forces Vacations Website (<http://www.afvclub.com>) for a list of available places. The Armed Forces Vacations club provides affordable condominium vacations at resorts around the world for only \$299 per unit per week. Depending on the location, accommodations may be available for a family group of 2 to 8 people. The cost and availability is independent of an Officer's rank. For a small nominal fee, an Officer can book a room for a non-Service person as a gift. However, the reservation will be under the Officer's name and the Officer is responsible for the guests staying in the Space-A lodging.

Flight by Space-A is a lot more challenging than lodging by Space-A. Officers must be on annual leave to request a Space-A flight. Flights are generally provided on Air Mobility Command (AMC), DOD aircraft, and on commercial flights on rare occasions. The key to Space-A flight is flexibility. An Officer must register using AMC Form 140 http://www.spacea.info/SpaceASignup_new.pdf. As a result of limited available flights and unpredictable cancellations, the registration is good for 60 days. The Space-A traveling Officer must be flexible, and may provide up to five potential countries she/he is willing to travel to on a stand-by basis. It is also possible for an Officer to request any flight destination by selecting "All". This will eliminate frustration and disappointment in the event there are many full or cancelled flights. Travelers may call the terminal directly to find where they may travel and frequency of flights, for optimal chance of selection.

Once the Space-A traveler is registered, a travel category is assigned by AMC. The Officer must re-register for his/her return flight. It is highly recommended to try to re-register at the front desk counter of the airport immediately after arrival at your destination so your name will be added on the Space-A standby list right away. The selection for Space-A flight is dependent on a combination of factors: when AMC received your leave paper that you faxed to sign on the flight, rank seniority, and your category as a Uniformed Service Active Duty Member. Active Duty uniformed services personnel usually fall into Category 3 behind the people who are on emergency leave and emergency/regular orders, respectively. The officer must be able to provide a valid USPHS ID and passport.

An Officer may be informed just hours before lift off for the Space-A flight to desired destination. Usually, you have to be physically available in the flight terminal a minimum of 1.5-2.5 hours before the roll call. It is always a good habit to ask what time you need to be there for the roll call and give yourself an extra hour to be there in addition to the time they told you. Due to the size of the aircraft and weight limit, baggage is limited to one small carry-on per person. There are no special meals available on a Space-A flight. However, you can purchase one by paying less than \$10 for a lunch box. Generally, pets are not allowed to fly on Space-A aircraft.

If you are interested in Space-A flights, call ahead to the closest Air Force Base AMC to hear a pre-recorded list of available Space-A flights for the day. To get the maximum time out of your annual leave, chose a destination where the Air Force Base's Space-A flight will take you directly to the final desired location. If not, you may spend a few nights at Officers' Quarters on one or more connecting AF Bases.

Being selected for a flight does not guarantee you will be there that day. A flight may be canceled at the last minute. Hence, Officer must pay for temporary overnight lodging on base because the AMC terminal will be closed after the last flight of the day. One must have a sense of adventure to take a Space-A flight. The peak season for Space-A travel is November-January and June-September. Although flights are free, there is a small fee or tax at many AMC terminals to take a Space-A flight.

Good luck with your Space-A adventure!

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: 888-322-1791

Password: 83301

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

Call for Nominations: JOAG Awards

Contributed by
LCDR Jonathan Rash, Chair JOAG Awards Committee

The Junior Officer Advisory Group (JOAG) is requesting nominations for three awards to be presented at the annual USPHS Scientific and Training Symposium to be held in Cincinnati, OH, June 3-7, 2007.

The **Junior Officer of the Year Award** recognizes a Junior Officer at temporary grade O-1 through O-4 in the United States Commissioned Corps that has made a significant contribution to the overall mission of the Public Health Service.

The **JOAG Excellence Award** recognizes a non-voting, active member of the Junior Officer Advisory Group (JOAG) for demonstrating outstanding, dedicated effort, and commitment to JOAG through active committee participation.

The **VADM Richard H. Carmona Inspiration Award** recognizes a Senior Officer at temporary grade O-5 or above who exemplifies outstanding leadership by example, mentorship and empowerment of junior officers, unwavering support of the Commissioned Corps and its mission, and overall inspiration and motivation to the PHS community. (Nominations only accepted from Junior Officers.)

If you know any outstanding officers deserving the recognition of these awards, please review the criteria and nomination forms available on the JOAG website, www.joag.org. Nominations must be turned in no later than **February 23, 2007**.

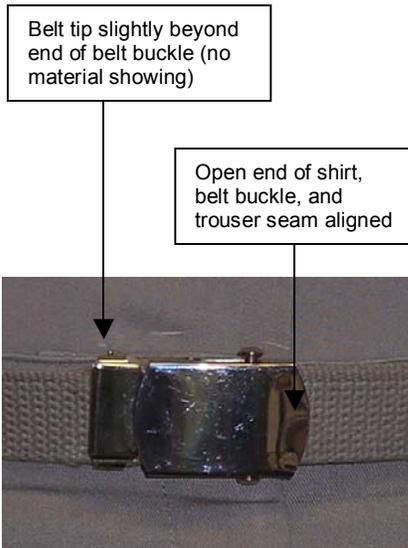
All nominations will be considered! Self-nominations welcome (except for Richard H. Carmona Inspiration Award).

Send nominations to:

Junior Officer of the Year: LCDR Carolyn Tabak
Carolyn.tabak@montgomerycountymd.gov
Office Phone: (240) 777-3878

JOAG Excellence Award: LCDR Diedre Presley
Diedre.presley@ha.osd.mil
Office Phone: (703) 681-3279 ext 154

VADM Richard H. Carmona Inspiration Award: LCDR Jonathan Rash
Jonathan.Rash@ihs.gov
Office Phone: (760) 735-6885



Example belt buckle alignment for females

Uniform Corner: Wearing of the Belt and Belt Buckle

1. A cotton or web belt may be worn with all uniforms (if a cloth belt is worn, the belt fabric must match the uniform fabric)
2. Either a plain or anodized Navy buckle or a gold, anodized buckle decorated with the PHS miniature device is authorized
3. The belt tip should pass through the belt buckle in such a manner that the belt tip points to the officer's left for males and to the right for females, and should extend just beyond the buckle so that no web material shows
4. The belt buckle shall be worn centered in front with the open side of the buckle in line with the open edge of the shirt and trouser seams (on the right for men, on the left for women)

PHS uniform regulations can be found at:
<http://dcp.psc.gov/eccis/CCISToc.aspx?ShowTOC=N>

****Please send any ideas for future "Uniform Corner" columns to LTJG Leslie Cartmill at leslie.cartmill@fda.hhs.gov****

Junior Officer Spotlight

Contributed by
LCDR Diane Kelsch, FDA

Officer: LT Nathan Epling
Category: Engineer Officer
Commission: February 2002
Education: Mercer University
B.S. Environmental Engineering (1998)
Home town: Philomont, VA
Agency: National Park Service

How did you find out about the PHS? While serving with the Peace Corps in the Philippines, I read a job announcement for engineering work with Alaska tribes. Through emails with engineers in IHS, I learned of the variety in assignments and locations. I was introduced to the PHS while interviewing for IHS positions.

What was the most challenging part of applying for the PHS? I don't recall any difficulties in applying; I was able to use my Peace Corps physical and dental exams and folks were generally easy to work with. However, it took about six months of applying with the IHS before I was offered a position. The waiting was difficult as there was little communication on progress and I didn't want to pass up other opportunities.

Current Assignment: Public Health Specialist, Blue Ridge Parkway, National Park Service (NPS)

Previous assignments: Environmental Engineer, Yakama Field Office, Portland Area, IHS.

Current Agency's mission: "The NPS preserves unimpaired the natural and cultural resources and values of the national park system for the enjoyment, inspiration and education of this and future generations. The Park Service cooperates with partners to extend the benefits of natural and cultural resource conservation and outdoor recreation throughout this country and the world." In 1918, the first NPS PHS officer provided drinking water safety at Yellowstone. Today, millions of visitors traveling to parks every year are protected from health risks by officers ensuring adequate sanitation facilities, disease surveillance, and food safety.

Current duties: My primary responsibility is program management for 45 water systems, 85 wastewater systems, 30 dam safety projects, and 4 groundwater remediation projects. I also provide some facility engineering and public health assistance for the Parkway. In July, I joined the Preventive Medicine branch of the RDF-3 deployment team serving as a disaster response engineer.

What are your goals with the PHS? My overall goal is to form a career that provides direct improvement to public health and safety infrastructure through associated agencies and deployment teams responding nationally and abroad.

What is your most memorable PHS experience so far? While working in the logistics section of ESF-8 in Baton Rouge, LA for the Katrina deployment, I observed, for the first time, PHS officers addressing each other by rank and surname. More importantly, I noted the tremendous amount of time and effort officers gave, often in roles unrelated to their specialties. I also realized for every officer deployed there was an officer at their agency doing the work of two.

What advice would you give to prospective PHS applicants? Applicants must be ready to maintain the passion and commitment PHS officers use to achieve the mission of the PHS, a distinguishing quality of our service.

If you are interested in being featured in the Junior Officer Spotlight, or know of an officer you think should be spotlighted, please contact LCDR Diane Kelsch at diane.kelsch@fda.hhs.gov.

Recruiting... A Rewarding Experience

Contributed by
LCDR Diane Kelsch, FDA

In 1995, I graduated with an MS in Environmental and Public Health, at the ripe old age of 23. Although my only experience was a three month internship at a local hazardous waste recycling facility, I was convinced I would have no trouble finding a job. Like thousands of other graduating students, I quickly learned that finding your first job can be quite a challenge.

After months of applying, interviewing, and repeatedly hearing "we're looking for someone with three to five years of experience", I thought back to my introductory environmental and public health class (ENPH 210). An alumni and Lieutenant visited the class to tell us about Environmental Health Officer opportunities with the US Navy. Although I found the Lieutenant's presentation to be very interesting, I never really had an interest in joining the military. However, after months of being turned down for a variety of entry level positions, I decided to give the Navy a try.

After serving more than six years in the Navy and now nearly five years in the PHS, I often think about how rewarding my experiences have been and how greatly one recruiter's visit shaped my life and career. With that in mind, I decided it was my turn visit the current ENPH 210 class to inform the students of career opportunities with the PHS.

In June of 2006, I contacted both my alma mater, the University of Wisconsin – Eau Claire, and Tulane University's School of Public Health and Tropical Medicine. I was already planning a trip back to the Midwest to visit family and friends and I was scheduled to attend a conference in New Orleans in September. The fall seemed like a great time to recruit because I could catch the students at the beginning of their new semester.

On September 10th, I made my first trip back to UWEC. I was a little nervous at first, but I came prepared with a PowerPoint presentation, a handful of reference materials, a few reminiscent stories about my time at UWEC, and how the recruiter opened my eyes to a career path I never would have considered if it wasn't for her presentation. Not only could I provide information about my Navy experience, but I could also provide information about my PHS experience and the advantages I believe the PHS has over the military.

I provided a quick overview of the history of the PHS, professional categories, similarities and differences between the PHS and the other uniformed services, the PHS transformation and deployment role, the agencies PHS Officers are assigned to, a description of my job responsibilities as an EHO assigned to the FDA, and of course pay and benefits.

There were approximately 30 undergraduate students in the ENPH 210 class and although the presentation lasted only 30 minutes, the feedback I received from the students was extremely positive, a majority of them expressed interest, nodded their heads, asked questions, and even laughed a few times.

With that experience under my belt, I was ready to speak to the students at Tulane. On September 18th, I provided a similar presentation to approximately 25 people. The audience consisted of students and graduates who made time to attend the presentation outside of a regularly scheduled class. This time, the students asked so many questions the presentation lasted over an hour.

Since my visits, I have corresponded with several students who are either in the process of applying for the PHS or wanted to obtain more information. I have enjoyed corresponding with them, referring them to other PHS Officers assigned to different agencies, and hearing positive stories about their interactions with the other PHS Officers and the application process.

Recruiting has been one of the most rewarding activities I've done since joining the PHS. Not only do I look forward to making recruitment visits for years to come, but I can't wait to see some of those same faces during PHS deployments, conferences, and trainings in the future.

**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](http://dcp.psc.gov/ARP_Materials.asp)

How did you spend your holidays?



LT Channel Mangum and son Zeion helped out with an activity at the Parents as Teachers Children's Christmas Party



LCDR Laura Grogan kicked off the holiday season with a Nacho Libre themed Halloween



LT Gregg Gnipp, with girlfriend Michele Russo, sported his PHS uniform at a wedding for a Royal Air Force officer. LT Russo was among other officers from all branches of the British military and the USMC.



LT Viven Walker-Marable, Chair NC COA Community outreach committee with Judy Davidson prior to the Children's Annual Christmas Party



LCDR Lori Hall with 10 week old daughter Anna on Christmas Eve



LT Stacey Smith, with boyfriend Nash Degarmo, at the Tetons Thanksgiving weekend- one of the perks of living in Wyoming



LCDR Erica Schwartz shakes hands with VADM Vivien Crea, Vice Commandant of the Coast Guard at Christmas

Unexplained Outbreak in Panama

Contributed by
LT Jacob Wamsley and LCDR Josh Schier

On October 2nd, 2006 the Centers for Disease Control and Prevention (CDC) was contacted by the Health Minister of the Republic of Panama for direct assistance with an outbreak of unknown etiology that appeared to begin with the development of new-onset acute renal failure. Patients subsequently developed an atypical constellation of neurologic symptoms including weakness and encephalopathy. The case fatality rate was greater than 50% and of the first 21 cases, 12 had already died. The clinical course of illness was fulminant and patients often became comatose within a few days of the onset of neurologic toxicity.

An initial CDC field team consisting of two epidemiologists, a laboratorian, a medical toxicologist and a neurologist (four USPHS commissioned Officers and one civil servant) deployed to Panama within 24 hours of event notification and joined a Health Services Officer already on the ground. Upon arrival, the field team rapidly assessed the situation and partnered with representatives and scientists from the Pan American Health Organization and other in-country organizations to form a joint operations team under the unified command of the Panama Ministry of Health. The CDC field team conducted a rapid public health needs assessment and identified five primary areas requiring focused attention: surveillance, an epidemiologic investigation, laboratory collection of samples, a risk communication/public health information program and characterization of the clinical manifestations of the illness. Team members utilized their training and experience with the Incident Command Structure and previous deployments to rapidly reorganize into five science-based sections to meet these challenges.

Over the next two weeks, the initial CDC Field Team expanded to include 17 full-time HHS personnel representing two Agencies (CDC and the United States Food and Drug Administration) and subsequently became an HHS Field Team. Members of the HHS Field Team worked around the clock for more than two weeks with other representatives of the joint operations team to assist the Ministry of Health in setting up a national surveillance system to identify and track case-patients, conduct a case-control study to identify the exposure source and collect biologic and environmental specimens, systematically collect information on the clinical course of illness and develop risk communication strategies for protecting the public's health.

The differential diagnosis for the illness was kept broad and both infectious and toxic/chemical etiologies were being strongly entertained. Astute local clinicians and members of the joint operations team noticed an early anecdotal association of case patients with certain medications. A systematic collection of case-patient-associated medications was begun. Several chemicals, including diethylene glycol in particular, were being strongly considered due to past published experience with this agent and similarities in clinical symptoms of case-patients.

Over 180 subjects were enrolled into the case-control study and more than 1000 biologic and environmental samples were shipped to CDC and FDA for analysis while nation-wide surveillance for new cases in Panama was conducted. Over the initial two week period of the investigation, evidence collected from the laboratory and case-control investigations identified a prescription cough syrup distributed to over 30,000 Panamanians as the exposure source and diethylene glycol-contaminated glycerin (a raw ingredient used to make the preparation) as the etiology. This work led to a medication recall and an extensive national public health information campaign to prevent further exposure.

Don't Miss Out!!!

**Early Bird Rates for the
2007 USPHS Scientific and
Training Symposium end
April 23rd**

**COA/COF will be hosting
this year's meeting in
Cincinnati, OH, June 3rd-7th**

**For more information on
the symposium visit
www.coa.usphs.org**

A Day in the Life of a PHS Officer

Contributed by
LCDR Ernie Sullivent, MD
Medical Epidemiologist, CDC

I serve as the on full-time medical officer on the Research Team of the Division of Injury Response at CDC's Injury Center. The primary focus of my work is to help prepare acute care providers and treatment facilities for response to conventional weapon terrorist incidents (bombings). In addition to serving as a subject matter expert on terrorist bombings, I am involved with a diverse array of activities to include working with partners outside CDC to improve mass casualty field triage, translating new findings from the military effort in Iraq for the improvement of civilian medical care, and developing new surveillance tools for disaster incidents.

Recently, I noticed an email from the listserv of the Physicians Professional Advisory Committee (PPAC) requesting a medical officer to serve a three-week detail aboard a National Oceanographic and Atmospheric Administration (NOAA) ship. The intent was to give the current medical officer a period of leave from the five month voyage. I immediately thought of how interesting and varied our assignments can be in our service. I responded to the request, and after receiving supervisory approval, was chosen for the duty.

NOAA is the smallest of the seven uniformed services, with only 300 commissioned officers. Similar to the U.S. Coast Guard, medical support is provided by the PHS. NOAA is most popularly known for their work with hurricane tracking, but most of their activities involve scientific study at sea. When a ship will be in international waters and less accessible to a Coast Guard rescue helicopter, a physician, physician assistant, or nurse practitioner serves on board. There are 16 such providers from the PHS currently detailed to NOAA.

I flew to Guatemala City, Guatemala, where I was met by my driver. We took a two-hour trip to the ship, NOAA Ship DAVID STARR JORDAN, which was docked at Puerto Quetzal, home of the Guatemalan navy. I was introduced to the ship's four NOAA officers, 14 civilian crewmembers, and 17 scientists. The ship is a research vessel conducting a number of studies, in particular tracking numbers and movements of dolphins and whales, studying sea turtles, analyzing deep water samples, and assessing plankton. My job was to provide medical care for all those on board, but when not otherwise occupied, I was free to work with the crew and/or the scientists. I was shown "sick bay," which turned out to be a stateroom that I shared with the Operations Officer. My pharmacy and supply room was actually a wall full of cabinets in my bathroom.

On only the second day on board, I was sent to see the assistant cook in his stateroom. He had a high fever and had all the signs and symptoms of influenza. I thought to myself that this was going to be three weeks to remember, with the entire ship sick with influenza! Much to the chagrin of the cook (who now had to work 18 hours a day), I quarantined him in his stateroom, had the entire ship scrubbed down, and had every railing in the ship disinfected twice a day. Incredibly, no one else fell ill, and his condition improved in a few days. There were several lacerations, crush injury, sunburns, sea sickness, sore throats, ear infections, but nothing that I couldn't handle with what I had on the ship.

In between patients, my favorite activity was to work with the turtle scientists. This included boarding a 14 foot speed boat (dropped in the water by crane) and hopping the waves to find Olive Ridley sea turtles. These magnificent creatures were large—50 to 70 pounds a piece. Once we found them, one of us would jump in the water and catch the turtle, try to swim back to the boat with it, and then the others would hoist it up on the small boat. Once back at the ship, each turtle was tagged, photographed, measured, blood drawn, and skin and shell samples taken. Once finished, each turtle was returned to sea no worse for the wear. As I was in the water reaching for a sea turtle in the Eastern Tropical Pacific Ocean a thousand miles from shore, I thought that there probably weren't many physicians that get to do this in the usual course of their day!

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(continued from page 9)

After three weeks, we finally returned to land by docking in Acapulco. The NOAA officers, crew, and scientists were very grateful for my service. I was awarded the NOAA International Service Ribbon and given a letter of appreciation by the ship's captain. I bid farewell to all my new friends, headed to the airport, and flew back to Atlanta. The next day I was a medical epidemiologist at CDC!

We are truly fortunate to have so many opportunities for positions in the PHS. In a single career, one could serve the health needs of Native Americans on a reservation, provide health care in the U.S. Coast Guard, work in immigration health services, and conduct disease surveillance at CDC...and the entire time receive a monthly paycheck from the same place. No matter what your interests are, or how they may change as your career progresses, there is bound to be a place for you in the PHS!

****A Day in the Life of an Officer is a new column that will be featured on the JOAG website. Officers from various agencies and divisions will be profiled to provide a glimpse into the daily lives of your fellow officers. Profiles are expected to change every month or so.****



LCDR Ernie Sullivent aboard NOAA Ship DAVID STARR JORDAN in Guatemala

Volunteerism: Get Involved!!!

Contributed by
LT Amy Constantine, FDA

Well, it's that time of year again. Fresh from the recent holidays, family get-togethers, the commercialization of the holidays, credit card bills, after-holiday sales, and of course, who could forget the quintessential "New Year's Eve Resolutions." It all made me think about what was really important to me. Where was I going? What did I want to do more and less of in my life, especially in 2007? I realized I wanted to become a volunteer.

With this in mind, I found myself happily on the receiving end of an e-mail newsletter by David Bach who writes finance-related bestsellers and is most known for penning "The Automatic Millionaire." Just when I'm having all these deep thoughts about what I like to do and what makes me happy, his "Five Principles for Happiness in 2007" made me smile with some of the things he had to say. They include the following : Principle 1: Give yourself a Break; Principle 2: Get Connected with Your Truth; Principle 3: Stop Judging Yourself; Principle 4: Stop Judging Others and Principle 5: Pursue Fun with a Vengeance. The principles are pretty self-explanatory but if you want to read more go to: <http://finance.yahoo.com/columnist/article/millionaire/18930>

I've always enjoyed volunteering in the past and had decided to explore this further in 2007. I then committed to checking out the different Junior Officer Advisory Group subcommittee workgroups.

The thing about volunteering, no matter what you end up doing, is that the experience allows for not only a collective meeting of individuals, but an introduction of one's self.

I wanted to experience the introspection, inspiration, relaxation, preparation and involvement that would come from interacting and co-creating on assignments with others, but perhaps not necessarily in that order. I sought to meet new civilians and PHS officers, work on new projects (both for fun and to help out as needed), to have something to look forward to that I found interesting, and to test myself in areas that I normally do not get the opportunity to participate in during my day job.

If you're interested in getting more involved in volunteering, check out the JOAG subcommittees. These can be found on the JOAG website at <http://JOAG.org/> under the "Groups" subheading. Get a feel for what workgroups might be to your liking and reach out and start by contacting the Chairs. Take it from there and see what develops for you.

Happy 2007 and may you all lead lives that make you feel fulfilled.

Vittles with the Vet...Stoked for RADM William Stokes

Contributed by
LT Jason Mangum, USEPA

For some of you around the DC Metro area, seeing an Admiral around may be a common occurrence, but for the officers in the Research Triangle Park (RTP) in North Carolina, it is not. That is until now.....

On October 1st, 2006, PHS CAPT William S. Stokes was promoted to RADM. He is currently the Director of the National Toxicology Program's Interagency Center for the Evaluation of Alternative Toxicological Methods at the National Institute of Environmental Health Sciences (NIEHS), a component of the National Institutes of Health in RTP. His job responsibilities include directing the scientific evaluation of new chemical and product safety assessment methodologies that will support improved protection of human health and improved animal welfare. He is also the Chief Professional Officer for the Veterinary Category. As Chief Veterinary Officer, RADM Stokes is responsible for providing leadership and coordination of PHS veterinary professional affairs for the Office of the Surgeon General and the Department of Health and Human Services.

I first met RADM Stokes at RDF-3 training in May of 2006. He was the XO for the team and I volunteered to be the Deputy Safety Officer. At that time, and as far as I knew, he was the only other RDF-3 team member in my area. He worked for NIEHS, across the lake from me, while I worked for the USEPA.

The bulk of RDF-3 is made-up of officers from the Atlanta and Raleigh-Durham areas, while a majority of the remaining members are stationed in the southeast region. Our team was activated for Tropical Storm Ernesto with the rally point set to be in Atlanta, Georgia the following day. This being my first deployment, I spent the next day at home by my computer, awaiting travel orders, with my duffle packed and dressed in BDUs and my brand-new boots.

By 3:00 p.m., when I still hadn't heard anything, I started to worry someone forgot about me. I called my EPA supervisor, CAPT Marshall Gray, and he suggested I call then CAPT Bill Stokes to see if he received his travel orders. RADM Stokes informed me that we were both absent from the duty roster and that neither us received authorization to travel.

To make a long story short, he received his orders and I literally had him calling Katrina Travel trying to help me obtain my travel authorization and airline ticket, while the pilot of his flight was asking people to turn off all electronic devices. Now think about it, here was a CAPT, calling on my behalf, trying to get me where I needed to be and we had only met one time before.

This type of dedication to mission and selflessness was something new for me to see and gave me great pride in being a PHS officer. I found myself saying that if I ever had a chance to help a junior officer out with "What you need to do", I was going to do it. I would model myself after RADM Stokes' actions, remember things don't always go according to plan, and be patient and flexible (RDF-3's motto is Readiness, Duty, Flexibility). I was thankful then and now for his friendship and guidance through my first deployment.

Since RADM Stokes is so close to us geographically, the PHS officers at USEPA decided to ask him over for lunch. We also invited the PHS officers I met from the Bureau of Prisons and the Food and Drug Administration who were assigned to the RTP area and were also deployed for Ernesto.

We presented RADM Stokes with a "One-Star RADM" coffee mug (hey, it was all the other officers would cough up money for) and he was genuinely moved by the gesture. We spent the rest of the lunch discussing deployment stories, roles we have on the RDF and APH teams, as well as the future of the PHS and how we could make ourselves more visible to others within our agencies.

The luncheon provided a great setting to meet, talk, and learn about the other officers in our area. We plan to make this ad hoc social meeting a quarterly event and I look forward to meeting with them again.

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(continued from page 11)



Luncheon with RADM Stokes: RADM William Stokes (center), from left to right (lower row), LCDR Dave Shoffner (USEPA), CAPT Eric Crump (USEPA), LCDR Brian Henry (BOP), CAPT Lee Tooly (USEPA), CDR Tom Berry (FDA), CDR Henry McMillan (BOP). Top row: LCDR Abraham Maেকে (FDA), CAPT Marshall Gray (USEPA), CAPT Nancy Pate (USEPA-ret), LT Jason Mangum (USEPA), and LCDR Dale Mishler (BOP)

RADM Stokes is a Regular Corps officer and has received numerous awards, including the Army and PHS Meritorious Service Medals, the Army and PHS Commendation Medals, PHS Outstanding Unit Citation, PHS Unit Commendation, PHS Citation, two Army Achievement Medals, and the Army Expert Field Medical Badge. He is a recipient of the NIH Director's Award, the Russell and Burch Recognition Award from the Humane Society of the United States, and the 1999 Outstanding Veterinarian of the Year Award from the Massachusetts SPCA.

Ask the Admirals

Question: "What is the most common mistake you see Junior Officers make in the early stages of their careers?"

Answer: This is an intriguing question that we will answer in two parts.

First, officers of all rank, from ensign to admiral, make mistakes (some of us make them daily). The question could imply that junior officers should not make mistakes or there is some way to overcome the tendency to make mistakes. In reality, as a person you must be willing to take risks in order to grow. A good leader will take well informed risks, but even the most informed risk will sometimes end up in a mistake. We have all chosen the field of public health – a field that will never provide us with all the data necessary to make a completely informed decision. With that in mind, mistakes are inevitable. However, as we encounter these mistakes, we should also be continuously building a body of knowledge based on what worked and what didn't work, so that as time goes on, we hope our mistakes are less frequent. Consider mistakes an essential part of growing, an essential part of life, and learn from your mistakes. While experience will help us overcome the tendency to make some mistakes, it is learning not to repeat a mistake that is the essence of this message.

Second, with the understanding that mistakes are essential, perhaps the best way to avoid mistakes is to ask questions of those with prior experience in the subject area. We see too many junior officers who simply (or commonly) do not ask enough questions. As a junior officer you are not expected to know everything, but you are expected to ask questions to seek clarification and direction when needed. It is much easier for a junior officer to avoid contact with senior officers than it is to approach these same officers with questions or to seek advice. **Overcome that tendency** – it is the responsibility of senior officers, and especially Flag Officers, to educate, advise, and mentor junior officers – therefore, it is your responsibility to seek such advice. On your part, common sense and a reasonable approach are important of course, but in our Corps, our senior officers are expected to set the example with good stewardship of the Corps. Such stewardship begins with responding appropriately and effectively to the questions of junior officers. Remember that your goal is to be a senior officer one day. Your learning from your mistakes and from your interactions with senior officers will groom you to advise the junior officers who follow you.

The above answer was submitted by RADM Robert Williams who collaborated with two other Flag Officers to provide a consensus opinion for this answer. Please submit ideas for future questions to LT Stacey Smith at dev8610@bop.gov.

JOAG Welcomes the Corps' Newly Commissioned Officers!!!

From AHRQ:

Handrigan, Michael

From BOP:

Billa, Christopher
Brooks, Chauna
Burnham, Kristian
Coons, Robyn
Deleon, Daniel
Getchell, John
Haskins, Torrey
Holland, Camille
Ingram, Stacy
Lugo, Alfred
Nolte, James
Pamphile, Wanda
Pierce, Ivan
Priest, Alice
Russell, Sophia
Scott, Valerie
Stuart, Heather
Walsh, Wendy
Watts, John

From CDC:

Buff, Ann
Brunette, Gary
Dowell, Chad
Gould, Carolyn
Harcourt, Brian
Hunter, David
Lawson, Carl
Mainor-Harper, Juanika
Mayfield, Evan
Roth, Joseph
Satcher, Anna
Shimabukuro, Tom

From DHS:

Lugo, Veronica

From CMS:

Toure, Juliette

From EPA:

Blackburn, Tajah

From PSC:

Hemberger, Robert
Fisher, Kiel

From FDA:

Kim, Katherine
Kitsutani, Paul
Lee, Christina
Stuppard, Gregory

From HRSA:

Allain, Sean
Buckingham, Dwayne
Clough, Mark
Cyriaque, Nicole
Enobakhare, Efehi
Garcia, Adriana
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Lau, David
Marks, Ian
McManus, Marc
Mix, Aisha
Pappas, James
Rivasrivera, Angel
Sherman, Jeffrey
Smith, Edmond
Walston, Tonya

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Axelrod, Karen
Fryer, April
Geroges, Fortin
Gripp, Gregg
Horsch, Robert
Hussey, Ashleigh
Marin, Keith
Matlock, Ann
Pettit, Wendy

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Benke, Maria
Bertulfo, Francis
Chestnut, Christopher
Cooper, Michael
Egyed, Rebecca
Nelson, Joel
Williams, Angela

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Bailey, Daniel
Rubio, Cynthia
Zhou, Helen

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Ajoku, Moses
Ali, Ali
Allen, Quentin
Becenti, Elton
Boardman, Daniel
Campbell, Todd
Christians, Laurel
Connor, Jeffrey
Ebanks, Victoria
Epps, Jennifer
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