



The JOAG Journal

A newsletter by junior officers for junior officers

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Visionary Leadership: It starts with a Vision



LCDR Charlene Majersky, Ph. D.

Visionary leaders have an inherent ability to reach out to others, to ascertain their perspectives, and to understand their uniqueness as individuals with strengths and areas that require improvement. Vision is a method of creating focus and giving meaning in an organization. Since our foresight is not ever perfect, it is important to revise our vision as the work environment changes and evolves.

A successful and effective health care leader has the keen ability to formulate a vision, clearly communicate it with a sense of meaning, develop a plan of action of what is to be accomplished and how to achieve these goals, and to implement the plan of action with a strong commitment to producing an outcome or result. A leader who is able to communicate with a sense of deep passion can yield hope and inspiration to others.

In order to create a vision, it is important for a leader to first understand where health care is heading and how this relates to the organization. This helps to develop a vision for an organization that is realistic, pragmatic, and considers the future of the organization and the direction in which it wants to go.

In order to draw others towards (as opposed to away from) your vision, it requires a clear picture of the outcome of the change and must include a map of the future state that is easy to comprehend, customer focused, evolving, and action-oriented. If your vision lacks the above components, people might not understand the outcome and, as a result, may not embrace or support it.

Clear and effective communication is imperative to gaining support, especially when the leader's vision calls for significant change or sacrifice. For any initiative to work, it must have sufficient resources to support it. In these difficult financial times when resources are lacking, it is critical that a leader be creative and able to think outside the box to come up with viable solutions.

It is not uncommon to encounter resistance from those affected by your vision. This is normal human behavior. Sometimes change can be difficult for others. Instead of denying resistance or ignoring it for that matter, it is more palatable to expect it, allow its healthy expression, and then address it appropriately.

Most important, an effective leader is able to translate their vision into action to produce an outcome or tangible result. Securing a voluntary commitment to change through open, clear and respectful communication, participation, and mutual trust are key ingredients to effective visionary leadership.

The myriad of leadership roles in the health care arena provides health care administrators with unlimited opportunities to demonstrate their visionary leadership. Leaders create opportunities. It begins with a vision.

Junior Officer Spotlight

Contributed by LT Amy Luo

Officer: LT Justin Markley

Category: Pharmacist

Education: Pharm.D. – Texas A&M Health Science Center, 2010 M.S. Biological Sciences; Tarleton State University, 2005

B.S. Biology – University of Texas at Arlington, 2002

Hometown: Valley Mills, Texas

Agency: Indian Health Service

Current Assignment and Duties: Assistant Chief Pharmacist at Inscription House Health Center. I provide pharmacy services at a small ambulatory clinic on the Navajo Reservation in northeast Arizona.

Previous Assignment (s): Jr. COSTEP with IHS at ACL Hospital in New Mexico and student rotation at Crow Agency in Montana; Sr. COSTEP

How did you find out about the PHS? While in pharmacy school there was a PHS pharmacy officer, working with Immigration and Customs Enforcement, who gave a professional development lecture. The subject of her lecture was the PHS.

What was the most challenging part of applying for the PHS? I had the great pleasure of doing this twice; once for a JrCOSTEP and then for a SrCOSTEP. Spending the time and energy that the applications seemed to require while also fulfilling family duties and being a professional student was quite taxing.

What are your goals with the PHS? Besides providing excellent patient care I want to help advocate for the improved efficiency in our nation's healthcare system through the utilization of expanded pharmacy services.

What advice would you give to prospective PHS applicants (or other Jr. Officers)? Recognize where you are and your responsibilities. Be proud of your accomplishments but realize you still have lots to learn from both patients and colleagues. Soak up as much as you can and share your experiences with those you encounter in the future.

What is it like practicing pharmacy at a small, remote clinic? Practicing in a small clinic provides great job satisfaction. I know many of my patients by first name, and for some of them I can come up with their history and medication profile before even looking in their chart. It makes for a very friendly, comfortable environment and really helps facilitate the clinical interventions



LT Justin Markley

that we make in the pharmacy. I also enjoy working closely with a small medical staff. The medical staff has a comfort level with pharmacy that I haven't seen in other places. In other settings pharmacy interventions are often reactionary whereas in my clinic it is very common for the medical staff to contact us for input before prescribing a therapy. I think our small size and relative isolation has contributed to such a good working relationship with the medical staff. It is also nice on a personal level as it is easy to develop friendships in such an environment. Of course there is the other side of the coin as well, if there is a personality conflict within the small staff then it is hard to avoid a little frustration from time to time.

What is your perspective on the Jr and SrCOSTEP opportunities? COSTEP opportunities are an excellent way to recruit new officers. I would encourage everyone to share, with students in their field, information regarding COSTEP opportunities. The JrCOSTEP provides students with a great learning opportunity and an introduction to the Public Health Service along with a relatively nice, short-term financial benefit. The SrCOSTEP provides great financial assistance to final year students but also starts their vesting towards officer retirement. The benefit to the Corps and the agencies we serve is that we get new officers with at least some knowledge of and experience in the Corps which should reduce training time. Retention of these officers should also be more successful.

If you are interested in appearing in the next Junior Officer Spotlight, please contact LT Amy Luo at amy.luo@ihs.gov.

Personal Appearance for Female Officers

Contributed by LCDR Gene R. Gunn, Jr.

In this issue of the Uniform Corner I thought we could take a look at the regulations found in CC26.3.2 covering personal grooming standards. Let's start with the head and work our way down, female officers first.

HAIR

Female officers' hairstyles shall not consist of any faddish styles, to include shaved portions of the scalp or have designs cut or braided into the hair. Hair coloring must look natural and complement the individual. Lop-sided and extremely asymmetrical styles are not authorized, neither are ponytails, pigtailed, widely spaced individual hanging locks and braids, which protrude from the head. Multiple braids are authorized. They shall be of uniform dimension, approximately 1/4 inch in diameter, and tightly interwoven to present a neatly, professional, well-groomed appearance. Foreign materials shall not be braided into the hair. Corn-row ends shall not protrude from the head, and shall be secured only with inconspicuous bands that match the color of the hair. Dreadlocks (unkempt, twisted, matted individual parts of hair) are prohibited in uniform or in civilian clothes on duty. When in uniform, the hair may touch, but not fall below a horizontal line level with the lower edge of the collar. Long hair shall be neatly and inconspicuously fastened, pinned, or secured to the head using a maximum of three small barrettes, combs, or clips.

Appropriateness of hairstyles for female officers shall also be judged by its appearance when headgear is worn. All headgear shall fit snugly and comfortably around the largest part of the head without distortion or excessive gaps. Hair shall not show from under the front of the brim of the combination cap, garrison, or command ball caps. Hairstyles which do not allow headgear to be worn in this manner, or which interfere with the proper wear of protective masks or equipment are prohibited.



(Figure 1)

COSMETICS

Cosmetics may be applied in good taste so that colors blend with natural skin tone and enhance natural features. Exaggerated or

faddish cosmetic styles, to include cosmetic or body glitter, are not authorized with the uniform and shall not be worn.

EARRINGS

Female officers can wear one gold earring per ear (centered on the earlobe) while in uniform. Earrings shall be 4mm-6mm plain with shiny or brushed matte finish, screw-on or with posts.

JEWELRY

Conservative jewelry is authorized for all personnel and shall be in good taste while in uniform. Faddish items which draw undue attention are not permitted. Jewelry shall not present a safety or foreign object damage risk hazard. While in uniform, a maximum of one wristwatch and one bracelet may be worn. They may be worn on the same or different arm. Ankle bracelets are not authorized. While in uniform, only one necklace may be worn and it shall not be visible. Only one ring per hand is authorized, plus a wedding/engagement ring set. Rings are not authorized for wear on thumbs.

FINGERNAILS

Female officers' fingernails shall not exceed 1/4 inch, measured from the fingertips and shall be kept clean. Nail polish may be worn, but colors shall be conservative and complement the skin tone in **Figure 2**. Ornate decoration or ornamentation of the fingernail polish is not authorized in **Figure 3**.



(Figure 2)



(Figure 3)

HAIR

Men's hair shall be neat and clean and present a groomed appearance. Hair above the ears and around the neck shall be tapered from the lower hairline upwards at least 3/4 inch and outwards not greater than 3/4 inch to blend smoothly with the hair style. Hair on the back of the neck must not touch the collar. Hair shall be no longer than 4 inches and may not touch the ears, collar, extend below the eyebrows when the headgear is removed, show under the front edge of the headgear, or interfere with properly wearing any headgear.

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Admiral's Corner

Contributed by LCDR David Wright

RADM Theresa Cullen, M.D., M.S., is an Assistant Surgeon General in the US Public Health Service and Director of HHS Domain IT Program Management Office for the Department of Health and Human Services. She has been involved in Health Informatics since her career in the Corps began.

Prior to her current role, RADM Cullen had been CIO of the Indian Health Service from 2006-2011. She began her IHS career in 1984 as a General Medical Officer. She served as the Tucson Program Area Maternal Child Health Coordinator and Area HIV Coordinator and as a General Medical Officer and Clinical Director where she managed clinical performance improvement activities. RADM Cullen has also served as an IHS Senior Medical Informatics Consultant, RPMS Program Manager, Physician/Clinical Advisor and the IHS lead on interagency agreements.



Rear Admiral Theresa Cullen

AC: Which are the most pressing challenges that concern you within your organization?

RADM Cullen: With regard to the Corps, let's ensure there is an adequate cadre of PHS IT officers properly mentored efficiently and effectively and provided with ample leadership prospects. The PHS can ensure that the work of our Corps supports the goal of achieving health equity. Organizationally, let's find ways to identify opportunities to increase efficiency in Health IT. This can be achieved by working with multiple stakeholders in the public and private sector to share the work performed in the Federal space.

AC: You recently spoke on "Developing the Patient Centered Medical Home" at the DOD summit for the Wounded Warrior project. Would you expand on its benefits for our PHS clinicians?

RADM Cullen: The Developing the Patient Centered Medical Home delivers healthcare in a coordinated fashion. The tools required include a care delivery team, measurement and tracking. Developing the Patient Centered Medical Home embodies the PHS mission: improve the health status and respond to the needs of the public that we serve.

AC: Clinicians are central to the Corps mission, yet its technologists have a vital role. Your background combines both into Health IT. Is this where the PHS is heading?

RADM Cullen: Eventually. As the only Flag IT officer, I've coined the new term "information mastery". This means that officers should have the background, training and skills because we should not only exhibit leadership, but drive it. This is whether it's in the areas of public health, emergency response or pandemics. IT is a core competency in the PHS and a critical

component of public health.

AC: Transformation has been consistently used and applied to the USPHS in recent years. How can the Corps ensure that officers remain responsive?

RADM Cullen: Transformation brings changes to all officers, but it's very important to keep your eye on the prize. Make a difference because we share a commonality, a mission and a service in our Corps.

AC: RADM Cullen, your numerous honors include the Meritorious Service Medal; Outstanding Service Medal; Achievement Medal; Commendation Medal; Unit Citation Medal and the IHS Director's Award. Your service to the Corps has been fulfilling and exciting. What advice would you like to offer our fellow PHS officers?

RADM Cullen: HHS touches the lives of the people. Leadership is my role as a Flag officer and officers should strive to develop into leadership roles. It's not how many people you manage; it's how you manage people. The PHS helped me make a difference. I'm lucky that I'm an officer and I can't imagine a life more fulfilling role than being a Corps officer.

AC: Admiral Cullen, thank you for discussing your role and the HHS Domain IT PMO. Conveying your valuable time and knowledge to our Corps is welcome and appreciated.

RADM Cullen: Thank you interviewing me. It's always important to share my experiences for the benefit of our officers. This generation of today will be the Corps leaders of tomorrow.

Fitness Corner

Contributed by the Inter-Services Collaboration Committee



LCDR Sharon Edelson-Mammel

Officer: LCDR Sharon Edelson-Mammel

Category: Health Services

Education: University of Maryland MS in Food Microbiology, Johns Hopkins School of Public Health-DrPH in Environmental Health expected 2013

Hometown: Philadelphia, PA

Current Location: Ellicott City, MD

Agency: FDA-Center for Food Safety and Nutrition-College Park, MD

What do you do to stay fit?

As an Officer, part-time student and mother of three children between the ages of 5 and 10 years, fitness is a way for me to handle whatever life throws at me. I am mainly a runner, but competing in triathlons adds biking and swimming to the mix. I sign up for several races throughout the year to motivate me to maintain my exercise plan. Each race I complete gives me new goals to achieve. These goals not only keep me training, but they also make me work harder than the time before. I also enjoy choosing races that are charity fundraisers, because these types of races inspire me to both train hard and perform to the best of my ability on race day.

Currently, I do a long run on Saturday, long bike ride on Sunday, and swimming on Tuesday. The running takes a little more dedication. However, I run with friends, and it gives us time to talk and leave the cell phones in the car. I am up by 0500 to complete my training so I end up at home by the time the kids are up and eating breakfast. The other two times I run during the week is for an hour at the most. My swimming workout is done with an experienced triathlete, who helps me work on my swimming technique to improve my distance goals. I have worked up to the ability to swim a two mile swimming distance. I also train when I am deployed, and this helps to deal with challenges of a temporary living arrangements, missing home, and tough working conditions.

Exercise is also a part of how my husband and I are raising our children. My family is also interested in the sport of triathlons, and my husband and two older children both completed triathlons in 2011. They look forward to more races this summer.

What are your fitness accomplishments?

In September, I completed the Delaware Diamondman Half Ironman (1.2 mile swim, 56 mile bike ride, and 13.1 mile run) in 6:14:08. I also completed a second half Ironman triathlon one month later in Ellicott City, MD in 6:41:35. I am a member of the Mid-Maryland Triathlon Club, which helps to get me involved and keep me informed about upcoming races. In addition to the half Ironman events, I have completed several other triathlons, including the IronGirl Columbia, the Columbia Triathlon, the Lancaster Family YMCA Triathlon and the DUthe2 Duathlon, in which I finished 3rd in my age/gender group.

I have also participated in a large number of running events, including the B&A marathon (placing 3rd in my gender/age group), the TriColumbia Howard Lifefest half-marathon (placing 1st in active duty female category), the Frederick half-marathon (placing 3rd in my age/gender group), and many other ten-mile, 15K and 5K races. For the past two years, I have also participated in 24 Hours of Booty, a 24 hour cycling event that sponsors the Lance Armstrong Foundation.

One accomplishment that I am particularly proud of is consistently maintaining a level 4 on my APFT each year.

What are your fitness goals for the future?

I will be completing my 2nd marathon in March and have been thinking about moving to the next level and running an ultradistance race (50K). I am also signing up to do the Goofy race event in 2013, which is held in Disneyland and requires you to run a half-marathon through the park on Saturday and then a full marathon on Sunday.

I am continuing to work on increasing my swimming distance, and have recently added a Sunday swim to my training regime. I am also contemplating doing a full Ironman (140.6 miles) in 2013 or 2014. As much as I want to reach these fitness goals, I recognize that they are going to require much more training and school and my family have to be a priority. Training properly for an endurance event is essential, and you have to be able to have sufficient time to do so.

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The 28th Annual Career Fair at Johns Hopkins Bloomberg School of Public Health

Contributed by LCDR Scott Steffen



LCDR Scott Steffen

I am passionate about meeting new people and discussing all kinds of topics. This made the decision of joining the Junior Officers Advisory Group (JOAG) an easy one because of the fulfilling opportunities that are offered to inform people about the Commissioned Corps and how they as officers could make a huge impact on Public Health. Hence, I decided to give back, for a second time, by attending the 28th Annual 2012 Public Health Career Fair on March 2nd at my Alma mater, the Johns Hopkins Bloomberg School of Public Health (JHSPH). Participation of Commissioned Corps officers in the Johns Hopkins Career Fair was coordinated by LCDR Sharon Edelson-Mammel, a current student, and LCDR Scott Steffen. For me, this was not just a recruitment event, but a chance to come back to a place I spent nearly six years, see some old friends, and share my experiences in the USPHS.

JHSPH is an outstanding institute to seek well-qualified USPHS candidates. It is the oldest and largest school of public health in the world, which was founded in 1916 by William H. Welch and John D. Rockefeller. It is routinely rated as the top ranked public health school by U.S. News & World Report.¹ The school's current enrollment is over 2,000 students. JHSPH consists of 10 departments offering numerous degrees from policy to bench science. With this extensive breadth of disciplines, JHSPH is a great source for

potential officers of all disciplines in the USPHS.

The make-up of the student body within JHSPH consists of nurses, doctors, scientists, public and mental health professionals, dietitians, and policy makers. Therefore, it was clear that the JHSPH career fair would benefit by having USPHS officers from different categories in attendance. In total, we had three junior officers from SciPAC and HS-PAC participating in this event. The officers were LCDR Sharon Edelson-Mammel, LCDR Raghu Samy, and LCDR Scott Steffen. These officers did a great job by coming together to help make the event a true success. The career fair lasted for five hours with 577 students and 51 organizations participating. Throughout the day, we met with over 50 students from all the above-mentioned disciplines with a high representation of individuals pursuing a Masters in Public Health.

I believe this recruitment event was a complete success for both the students and officers involved. The officers shared their experiences while meeting many outstanding students with various backgrounds and exciting futures!

Giving Back to the Corps and to the Community

Contributed by LCDR Qiao Y. Bobo

Nearly a month into my service in the United States Public Health Service (USPHS) Commissioned Corps, it may seem premature to be thinking about what a newly minted Commissioned Officer can give back to the Corps or to the Community. And yet, on December 1, 2011, I found myself among a group of seven dedicated USPHS Officers participating in a Maryland Public Television (MPT) fundraising event and answering questions about the mission of the USPHS on live television.

This was the ninth consecutive year that officers participated in MPT event, led by CDR Scott Cooper, on behalf of the Baltimore Branch of Commissioned Officers Association (COA). After a full day of work, I changed into my Service Dress Blue uniform, and drove to the MPT studios to demonstrate camaraderie and esprit de corps live on-air to a projected television audience of one million viewers.

This was an extraordinary experience for someone so new to the Corps to participate in one of the most profitable on-air pledge drives for state run public television stations across the country. MPT is a not-for-profit, State-licensed public television network with a top-of-the-line production studio that serves the State of Maryland, with a broadcast range that also covers Washington D.C., and parts of Virginia, West Virginia, Delaware, and Pennsylvania. Footage from this event will be rebroadcast across the country for the next eight months, so it appears USPHS Officers are answering the phones at other national public television stations during their broadcast fundraiser. Since national public television stations serve over 97% of the American viewing public, this event greatly contributed to the visibility of the USPHS and an understanding of its mission.

As a newly Commissioned Corps Officer, I was honored to participate in a live on-air interview, with LCDR Brian Elza, the President of the Baltimore Branch of the COA, where MPT personality, Rhea Feikin (whose son is a USPHS Medical Officer stationed at the CDC in Atlanta) asked us questions about the USPHS. During the interview and--with a background setting of uniformed USPHS Officers engaged in taking pledges over the phones--we discussed the history and mission of the USPHS, gave examples of different professional categories USPHS officers belong to, and talked about our regular jobs and potential deployments during national and international disasters. In addition to the live interview, USPHS Officers were seen on-air answering phones many times during the two

hour volunteer event. Despite a late start due to technical difficulties and having fewer USPHS Volunteer Officers than previous years, this was one of the COA's most successful pledge drives for MPT. In fact, USPHS Officers raised over \$10,000 taking pledges for gifts of CD, DVD and live tickets for a Rock, Pop and Doo Wop concert.

I would not have known about this USPHS Visibility event if not for my mentor, LCDR James L. Kenney. When I first met LCDR Kenney through a collaborative project at the FDA, I was already accepted by the USPHS Commissioned Corps and waiting for the hiring pause to be lifted. He was the first Scientist Officer I met in USPHS and he taught me a lot about the USPHS, the Scientist Category and what it means to be a Commissioned Corps Officer. Before I attended the Officer Basic Course (OBC), LCDR Kenney informed me about the Scientist's mentoring program and agreed to serve as my official mentor once I was commissioned. I now realize how fortunate I am to have a mentor who is a wealth of information and leads by example. LCDR Kenney came to my OBC graduation ceremony to welcome me and four other new Scientist Officers into the USPHS and the Scientist Category. Right after graduation, LCDR Kenney encouraged me to write about my Officer Basic Course experience for various PHS publications. A week after the graduation, he invited me to join the Baltimore Branch of the COA with their annual MPT fundraising event. It was the first USPHS Visibility event I participated in as a USPHS Officer and it left lasting and fond memories.

I started my new career with much anticipation, but so far it's been a fun and exciting adventure learning, living and informing the public about the mission of USPHS and the Commissioned Corps. Just like all aspects of our lives, being in the right place at the right time is important for career advancement and a mentor can provide guidance, information and assistance to help you find that successful place. I encourage every Junior Officer to find a mentor, preferably in their category, who is willing to share their knowledge and experience with Commissioned Corps issues. Through the Scientist mentoring program, I found guidance and direction that has assisted me in appreciating my role as a Scientist Officer within the mission of the USPHS and as my mentor says, "soon I'll be walking the walk and talking the talk well enough to mentor other Junior Officer to enhance their career development, Commissioned Corps experience, thereby contributing to a USPHS that is mission ready".

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Mouse River Flooding A PHS Engineer's Experience with APHT#2

Contributed by LCDR Kris Neset

On June 22, 2011, The Minot Daily News headline was "Projection: Devastation." The record breaking flooding of the Mouse River in late June caused over 12,000 people to evacuate. On June 26, flooding broke records when the river crested at 1561.72 feet above sea level, 3 feet above the old record set in 1881 and 12 feet above the flood stage.

The Souris River (Canada) / Mouse River (U.S.) begins north of Estevan, Saskatchewan and flows in a generally south to southeast direction to Minot, North Dakota. To put things in perspective, the average flow for late June at the gauge station in Sherwood, ND (at the border with Canada) is 500 cubic feet per second (CFS). The flows coming across the border in late June were 28,000 CFS! It is estimated that 20% of Minot (4100 homes) sustained damage from the flood. Of the 4100 homes, 2376 homes received extensive damage (6 to 10 feet of water on the main floor). In addition, there were several smaller communities and developments in the Mouse River valley that saw extensive damage.

At the request of the 1st District Health Unit (located in Minot, ND), a 16-member team of U.S. Public Health Service (PHS) Applied Public Health Team (APHT)-2 was deployed by the Office of Force Readiness and Deployment (OFRD) to Minot, North Dakota to provide environmental health services for residents in the valley.

I was excited to be a part of this deployment. Having been born, raised, and lived all but 6 years of my life in Minot (nicknamed the "Magic City"); I wanted to be able to serve my community during these tough times. It was hard concentrating on work in the weeks prior to this deployment. My position as a Field Engineer with Indian Health Service has our office on the third floor in the Federal building in downtown Minot, just a few blocks from the Mouse River. I could see the "Mighty Mouse" flooding Minot from my window.

National Guard soldiers had been in Minot since April, working with the Army Corp of Engineers on emergency flood protection and were a big part of the first evacuation in late May.

I was notified on Friday afternoon (July 8th) about the 2-week deployment.



Pictured left to right: CDR Travis Hunt, LCDR Kris Neset, Red Cross Volunteer, LCDR Tammy White and LT Aaron Otis

By July 10th, the majority of the team had arrived in Minot and was being stationed in a second floor hallway at the Minot State University Dome. Since I live in Minot (out of the flood zone), I was fortunately allowed to go home each night of the deployment. The initial APHT #2 teamed up with the 1st District Health Unit and the City of Minot Fire Department (MFD) with support from the Incident Response Coordination Team (IRCT) who were stationed 100 miles south of Minot in the capital city of Bismarck, ND (FYI – Bismarck received flood damage from the Missouri River this summer which peaked flows of 150,000 CFS coming from the Garrison Dam, which had to open its spillway for the first time ever!).

As the flood waters receded, the APHT unit, along with the MFD, teamed up to canvas the areas and walked door-to-door to meet with homeowners. The team started each day with a briefing at the MFD Headquarters Station. We then loaded supplies and set assignments and goals for that day. The team ended each day in the evening with debriefing at the MFD Headquarters Station..

We typically divided up into four teams, Alpha through Delta. Each team was assigned a team leader and a local firefighter who knew the area well. The team rotated a team member each day to record information on every home that was inspected.

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Mouse River Flooding A PHS Engineer's Experience with APHT#2

Contributed by LCDR Kris Neset

The city of Minot was divided into nine different flood zones. Each day, the teams covered portions of the zones. As the waters receded, the team was able to cover further into the valley. Midway through the second week, the entire city was accessible. The team also canvassed areas just outside of Minot, such as the community of Burlington and several rural housing developments.

Some of the homeowners we met were just seeing their homes for the first time after the flood. Many were in good spirits given the circumstances, but some were understandably taking things very hard. For this reason, we often had a Red Cross mental health specialist assigned to each team during the first half of our deployment. Post-flood informational packets were provided to each homeowner, along with counseling and technical expertise regarding mold issues, proper waste disposal, clean-up of flooded homes, and personal health precautions. In addition, the team assisted the MFD in recording utility information such as gas and electric meter status. During the second week of the deployment, building inspectors from various communities across North Dakota were added to the team to assess the structural integrity of the homes that were impacted by the flood. Some homes had obvious structural failures. Other homes had minor shifting/cracking but were deemed to be structurally safe by the inspectors.

The initial team was able to accomplish approximately 3800 home encounters that included home inspections, initial consults, and re-visits (upon homeowner request). The team was lead by CPT Chris Brady (IHS) and included: CPT Patrick Hintz (FDA), CDR's Kathie Atencio (EPA), Alaric Denton (CDC), Travis Hunt (FDA), Mark Methner (CDC), Jonathan Rash (IHS), LCDR's Sara Allen (IHS), Sean Bush (IHS), Gregory Calvert (IHS), Ryan Costello (EPA), David Lum (CMS), Kris Neset (IHS), Tammy White (FDA), LT's Brian Lefferts (IHS), and Aaron Otis (CDC). A replacement team of 10 PHS officers arrived at the end of our two weeks to conduct follow-up operations that included re-visits and further home inspections with an architecture firm that was hired to complete the remainder of the structural building inspections.

I have the unique experience of being able to see the community of Minot recovery operations months after

the PHS deployment was completed on August 3, 2011. I had several family and friends that had their homes flooded to various levels and we stored a garage and basement full of boxes and furniture this summer and fall. The Mouse River valley still has a long way to go, but there are signs of progress.

The state, region, and community have come together in a big way. Thanks to a large surplus in the state budget, the State has obligated millions in funding for flood protection in the Mouse River valley. Additionally, there was a Minot Area Community Foundation telethon which raised nearly \$2 million in mid-September. There was a Black Eyed Peas benefit concert on Labor Day weekend that raised over \$1million. The connection to the Black Eyed Peas – Minot native Josh Duhamel (Transformers and Las Vegas) is married to Fergie of the Black Eyed Peas. The local churches have also helped out flood victims in a variety of ways, as well as numerous organizations and businesses from across the region and country.

The people of North Dakota are hard-working, resilient people that will bring the magic back to the "Magic City." Minot and the surrounding area will come back stronger than ever.

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

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Redefining “Corps” Fitness through CrossFit

Contributed by LT Bryan E. Christensen, PhD, MEPC and CDR Michael E. King, PhD, MSW



LT Bryan Christensen

As Officers in the United States Public Health Service, our mission is to protect, promote, and advance the health and safety of our Nation; this begins with our personal fitness. The U.S. Surgeon General Regina Benjamin has referred to exercise as “the new medicine” and challenged all Americans to commit to positive changes in diet and exercise habits (Vision for A Healthy and Fit Nation, 2010). One increasingly popular approach to fitness that shares our mission and that has embraced this challenge is CrossFit.

The name CrossFit is simply the brand for an approach to strength and conditioning created by Greg Glassman in 1995. Yet, this name embodies the primary aim of CrossFit, which is to develop a broad, general, and inclusive fitness that may best prepare people for any physical task...for the unknown and the unknowable. CrossFit defines fitness as increased work capacity across ten recognized fitness domains, including: cardiovascular/respiratory endurance, stamina, strength, flexibility, power, speed, coordination, agility, balance, and accuracy. This has made CrossFit the primary fitness program for a growing number of professional athletes, police, fire fighters, and military personnel whose competitive success or even survival may depend on their ability to perform a wide variety of unpredictable tasks.

CrossFit is referred to as “the prescription for elite fitness” but it has never been exclusive to elite athletes. Greg Glassman has noted that “the needs of Olympic athletes and grandparents differ by degree, not kind” and all workouts are designed for universal scalability. In

other words, the same methods that may elicit a response from an elite athlete can be used safely and effectively to train anyone, from children to the elderly. The CrossFit community is also “open-source” in that all workouts are published and available free online, although for obvious safety reasons those new to sport are encouraged to seek instruction from a certified CrossFit trainer. The required equipment is basic and may be stored easily in a garage; basically, anyone with access to a few free-weights, a pull-up bar, and somewhere to run can complete most “workouts of the day.”

Sometimes overlooked and less publicized, promotion of healthy dietary choices is the foundation of the CrossFit. General recommendations include consuming only garden vegetables, lean meats, some nuts and seeds, minimal starch, and no sugar. More specifically, protein should be varied and lean, carbohydrates should be primarily low-glycemic, and fat should be largely monounsaturated.

The more visible aspect of CrossFit is the “constantly varied, functional movement performed at high intensity.” Exercises are selected from the intersection of all sports, with the goal of helping people develop the capacity of a novice sprinter, weight lifter, and gymnast. Workouts include real-world movements like running, jumping, throwing, and lifting programmed in a variety of combinations that make each effort fun and challenging. This type of training is nothing new to most competitive athletes, yet the workouts look very different than what you might see in most big “cookie-cutter” gyms. In final words, CrossFit is the perfect “new medicine.”

For more information, contact :

LT Bryan E. Christensen, PhD, MEPC
EIS Officer, CDC, Atlanta, GA

BChristensen@cdc.gov or CDR Michael E. King, Ph.D.,
MSW Epidemiologist, CDC, Atlanta, GA MKing2@cdc.gov

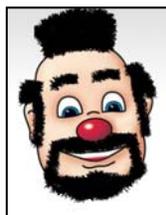
Uniform Corner (Continued from Page 3)

The bulk of hair may not exceed approximately 2 inches from scalp to end of hair. Sideburns shall not extend below a point level with the middle of the ear, shall be of even width (not flared) and shall end on a horizontal line. Varying hairstyles, including an afro, are permitted if these styles meet the criteria of maximum lengths and bulk, tapered neck and sides, and do not interfere with properly wearing Corps caps or covers. Plaited or braided hair shall not be worn while in uniform or in duty status. Dreadlocks are prohibited in uniform or in civilian clothes on duty.

Appropriateness of hairstyles for men shall also be judged by its appearance when headgear is worn. All headgear shall fit snugly and comfortably around the largest part of the head without distortion or excessive gaps. Hair shall not show from under the front of the brim of the combination cap, garrison, or command ball caps. Hairstyles which do not allow headgear to be worn in this manner, or which interfere with the proper wear of protective masks or equipment are prohibited (**Figure 1**).

FACIAL HAIR

The only authorized facial hair is a mustache that is neatly and closely trimmed. No portion of the mustache shall extend beyond the lip line of the upper lip. The mustache will not go beyond a horizontal line extending across the corners of the mouth, and no more than ¼ inch beyond a vertical line drawn from the corner of the mouth. The length of an individual mustache shall not exceed ½ inch. Beards are not authorized unless a shaving waiver for medical reasons is obtained from the officer's medical provider and is on file in MAB, OCCSS, PSC. A copy must be presented for inspection upon request. If a shaving waiver is authorized, no facial/neck hair shall be shaved, neither manicured or outlined, nor exceed ¼ inch in length. Do things correctly and you can look like **Figure 4**. If you look like Woolie Willie in **Figure 5**, you are doing it wrong.

**(Figure 4)****(Figure 5)****JEWELRY**

Conservative jewelry is authorized for all personnel and shall be in good taste while in uniform. Faddish items which draw undue attention are not permitted. Jewelry shall not present a safety or foreign object damage risk hazard. While in uniform, a maximum of one wristwatch and one bracelet may be worn. They may be worn on the same or different arm. Only one ring per hand is authorized, plus a wedding/engagement ring set.

FINGERNAILS

Men's fingernails may not extend past fingertips and shall be kept clean. Nail polish is not authorized.

In addition to being the recurring author of the "Uniform Corner", LCDR Gunn is also JOAG's voting representative on the Uniform Advisory Committee. Please send any ideas for future "Uniform Corner" columns to LCDR Gene Gunn at gene.gunn@fda.hhs.com

Fitness Corner (Continued from Page 5)**Is Swimming Keeping You From Competing in a Triathlon?**

Swimming is the second most popular exercise activity in the United States, and a great way to mix up your workouts. See below for some tips on how you can take part.

To find a pool near you, talk with someone at your local fitness center and they will be able to help. Once you have access to a pool, swimming requires very little equipment. All you need is a swimsuit and goggles. Many people also prefer to swim with a swimming cap.

Add variety to your swimming routine by changing up the stroke. You can choose between freestyle, breast stroke, backstroke or the butterfly stroke. Don't know how to do one of these? Talk with someone at your swimming center about getting a quick lesson.

With summer quickly approaching, swimming is a good way to beat the heat and get an excellent cardio vascular workout, without getting bored on treadmills and elliptical machines. Swimming can burn between 500-650 calories per hour.

Swimming is a no-impact exercise, making it a great option for those with injuries or medical conditions such as arthritis. A workout at the pool is a great way to get the whole family involved and active.

For more information, visit: [Swimming Strokes, Benefits, Classes, History, Tips, and information on MedicineNet.com](http://www.medicinenet.com/swimming/article.htm). (2012). Retrieved February 29, 2012, from <http://www.medicinenet.com/swimming/article.htm>

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

The Junior Officers Advisory Group's Role at the Officer Basic Course

Contributed by LCDR Glendolynn Johnson, Executive Committee Financial Liaison
and LCDR Scott Steffen, Welcoming Committee Chair

The great number of changes presently occurring to the United States Public Health Service (USPHS) can make anybody's head spin. One big change that affects all new incoming officers is how the Officer Basic Course (OBC) is incorporated into their training. Now, officers go straight to OBC then to their duty station, which is quite different from years past where officers could be at their present duty station to upward of a year before attending OBC. Considering these changes we wanted to express the role and importance of Junior Officers Advisory Group's (JOAG's) presence at events like the OBC Open House and Graduation.

OBC open house is an exhibit hall setting that takes place the first Thursday evening (6-8 pm) of the two-week OBC training. Open house is held monthly at the Holiday Inn in Gaithersburg, MD. The purpose of this event is to provide a forum for new officers to get information on benefits, career development, and other relevant aspects of being an officer. JOAG, Professional Advisory Committees (PACs) along with a variety of special interest groups like DC COA, USPHS Music Ensemble, USAA and MOLC are among the many groups present at each open house.

The leaders of JOAG recognize that this may be the new officer's first encounter with a JOAG member. Therefore, to ensure that the most accurate information is provided a voting member (VM) is present at each open house. However, active non-voting members are allowed and encouraged to attend to provide the VM with additional support. Graduation is held on the last Friday of OBC from 10:30-12:00. Here, we like to show our support to our new officers and to address any new questions officers have thought of after the open house.

As former and present Welcoming Committee (WC) chairs, we have specific responsibilities toward OBC. We solicit and manage volunteers to ensure we have at

least one voting member and one non-voting member representing JOAG at the open house and graduation. Participation of these officers is documented using an online sign-up list, which can presently be accessed on the Welcoming Committee's webpage. As JOAG representatives, we staff the JOAG table, distribute valuable information and answer questions about JOAG, the Corps, and leadership opportunities. The open house is also a great place to get JOAG merchandise like coins, mugs, and apparel with all proceeds going toward scholarships to attend the Annual COF/COA training symposium. During the 2010-2011 operational year, the WC raised over \$1000 at OBC for scholarships. This event is a great place to meet and network with other officers from numerous regions, different agencies, and various organizations. As frequent attendees of the open house, we are amazed and encouraged by how these events promote the Corps and bring officers together. A true demonstration of how tight the USPHS community is.

By the end of the evening the JOAG representatives are filled with a rewarding feeling, which is often why they come back to volunteer again. The WC is always looking for eager volunteers to help with OBC. Officers in the DC metro area should really take advantage of this opportunity. It is also a great way to promote your JOAG committee and meet new officers. The young junior officers really appreciate your time and it instills a sense of pride about our Corps, which promotes esprit de corps.

For more information on volunteering to represent JOAG at OBC, please contact LCDR Scott Steffen at scott.steffen@fda.hhs.gov.

Where Are We With Our Own Professional Development as Junior Officers?

Contributed by LCDRs John Beltrami, Kashif Iqbal, Latonia Ford, Samuel Schaffzin

The Junior Officer Advisory Group (JOAG) represents junior officers with varied professional development (PD) needs and responsibilities that are critical to the success of the Commissioned Corps. There are anecdotes about the level of junior officer involvement and their PD needs. However, there are no recent data available to support or refute these anecdotes and best guide JOAG leadership on addressing these needs. A survey of JOAG junior officer listserv members (~2,000 officers) was conducted in the Summer of 2011 and included questions about JOAG participation, use of the JOAG website, and PD. Objectives of this analysis focused on two critical aspects of PD: writing awards and the promotion process.

The survey staff sought to determine the characteristics of junior officers who completed the survey and the percentage of junior officers who reported using the JOAG website, attending JOAG General Meetings, and attending Journeyman Series lectures to receive information from JOAG, and having knowledge or familiarity with writing awards and the promotion process. To help contextualize the findings, PD-specific information available to junior officers was documented. For example, since the Summer of 2010, critical aspects of PD have been addressed by the JOAG website (awards link posted at http://www.usphs.gov/corpslinks/joag/index_files/Awards.htm), general JOAG meetings (routine updates from the Awards Committee, http://www.usphs.gov/corpslinks/joag/index_files/Meetings.htm), and PD Committee-led Journeyman Series lectures (two on promotions and one on awards, http://www.usphs.gov/corpslinks/joag/index_files/Meetings_JourneymanSeries.htm).

Of the 377 junior officers who completed the survey:

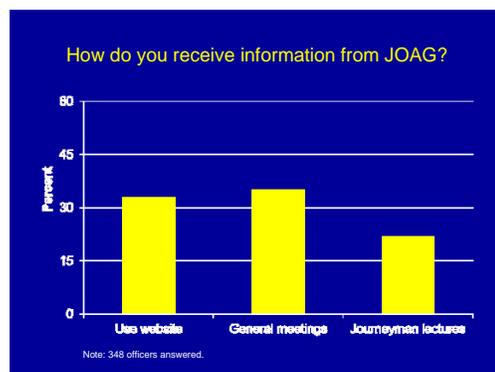
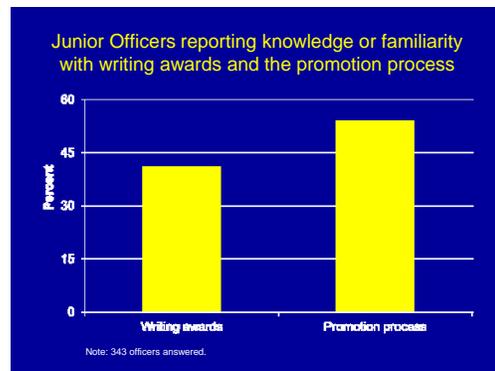
- 56% Lieutenant Commanders
- 34% Lieutenants
- 31% Health Services Officers
- 19% Pharmacists
- 12% Environmental Health Officers
- 12% Nurses
- 27% assigned to IHS
- 17% assigned to FDA
- 16% assigned to CDC
- 10% assigned to BOP

Officers who completed the survey had been on active duty for a median of 3 years, ranging from <1 to 17 years. The percentage of officers who reported being knowledgeable or somewhat familiar with writing awards and the promotion process was 41% and 54%, respectively. The percentage of officers who use the JOAG website, attend JOAG General Meetings, and attend Journeyman Series lectures to receive information from JOAG was

33%, 35%, and 22%, respectively.

Self-reported knowledge or familiarity with writing awards and the promotion process was low, despite these topics being addressed by JOAG. Junior officers with limited knowledge or familiarity with PD should use the JOAG website and consider being more involved with JOAG (e.g., attending meetings and more actively participating), and JOAG leadership should consider whether additional strategies to promote PD are warranted.

Surveys are useful to help with the documentation of opinions and information from junior officers, so that JOAG leadership may best understand and address them. Additionally, surveys allow officers an opportunity to express their opinions and learn more about JOAG. Results from surveys may also inform other JOAG committee efforts, such as a developing junior officer–senior officer shadowing program (“Take a Junior Officer to Work Day”), which is being led by the JOAG PD Committee. For officers interested in more of the survey details, please contact LCDR Beltrami at hzb3@cdc.gov.



Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

JOAG Congratulates all Junior Officers on their recent/upcoming promotions!

(Promotion Cycles Apr – Jun 2012)

To Commander (O-5)

Dental

| | |
|------------------------|------------|
| MChien-Ying Lee | 04/01/2012 |
| Linda Kimberly Lovejoy | 04/01/2012 |

Dietician

| | |
|--------------------|------------|
| Michelle Marie Noe | 04/01/2012 |
|--------------------|------------|

Engineer

| | |
|-------------|------------|
| Zhengqin Fu | 05/01/2012 |
|-------------|------------|

Environmental Health

| | |
|-------------------------|------------|
| Aimee T. Treffiletti | 04/01/2012 |
| Craig Richard Ungerecht | 04/01/2012 |

Health Services

| | |
|-----------------------------|------------|
| Christa M. Hrynshen-Trimmer | 04/01/2012 |
| Todd Mitchell Lennon | 04/01/2012 |
| Juanika C. Mainor-Harper | 04/01/2012 |
| Van Morfit | 04/01/2012 |
| Corey Antonio Palmer | 04/01/2012 |
| Morrisa Barbara Rice | 04/01/2012 |
| Jamie Robert Seligman | 04/01/2012 |

Nurse

| | |
|------------------|------------|
| Jonee Joy Mearns | 04/01/2012 |
| Hyejeong Root | 04/01/2012 |

Pharmacy

| | |
|--------------------------|------------|
| Debra Marie Emerson | 05/01/2012 |
| Andrei Emmett Nabakowski | 04/01/2012 |
| Megan Spofford Wohr | 04/01/2012 |

To Lieutenant Commander (O-4)

Engineer

| | |
|-------------------------------|------------|
| Scott Peterson Fillerup | 04/01/2012 |
| Deborah Vashti-Lorraine Hirst | 04/01/2012 |
| Cason Joseph Leblanc | 04/01/2012 |
| Martin L. Reed | 04/01/2012 |
| Andrew Yang | 04/01/2012 |

To Lieutenant Commander (O-4)

Environmental Health

| | |
|----------------------|------------|
| Kimberly M. Hull | 04/01/2012 |
| Patrick Sean Wallace | 04/01/2012 |

Health Services

| | |
|--------------------------|------------|
| Michael Amoh | 04/01/2012 |
| Daniel Alexander Bailey | 04/01/2012 |
| Karen Charles | 04/01/2012 |
| Nicholas J Lahey | 04/01/2012 |
| Nicole M Langenderfer | 04/01/2012 |
| Elizabeth Ann Lybarger | 04/01/2012 |
| Ernest Eugene Mcgahee | 04/01/2012 |
| Elizabeth Grace Thompson | 04/01/2012 |

Nurse

| | |
|-------------------------|------------|
| Bertholet Claude Eugene | 04/01/2012 |
| Christine Marie Malone | 04/01/2012 |
| Tara Jean Ritter | 04/01/2012 |
| Theresa Lynn Rodzevik | 04/01/2012 |

Pharmacy

| | |
|----------------------|------------|
| Sossity Anne Riordan | 04/01/2012 |
|----------------------|------------|

Scientist

| | |
|----------------------|------------|
| Kamil Elie Barbour | 04/01/2012 |
| Ellen Elizabeth Yard | 04/01/2012 |

Therapist

| | |
|----------------------------|------------|
| Tanesha C. Nobles Mcculley | 04/01/2012 |
|----------------------------|------------|

Veterinarian

| | |
|---------------------|------------|
| Linda Gwen Capewell | 04/01/2012 |
|---------------------|------------|

JOAG Welcomes 130 Newly Commissioned Officers!

(Jan – Mar 2012)

Contributed by the JOAG Welcoming Committee

ACF

LT Elizabeth Russell

ATSDR

LT Elizabeth Irvin-Barnwell

BOP

LCDR Mandie Bagwell
 LCDR Crystal Hughley
 LCDR Chris Poulson
 LCDR Habiba Seidu-Fuseini
 LT Derek Alberding
 LT Angela Dukate
 LT Stephanie Hoover
 LT Alex Horton
 LT Nina Johnson-Whitenack
 LT Abraham Marrero
 LT Tunesia Mitchell
 LT Abby Mozeke-Baker
 LT Robert Ratliff
 LT Sharon Rhynes
 LT Rhonda Rodden
 LT Andrew Shiflet
 LT Renee Smith
 LT Heidi Voss
 LT Christopher Wharton
 LT Ifeoma Nnani
 LTJG Larry Brockman
 LTJG Doll Davis
 LTJG Amanda Deering
 LTJG Elizabeth Harbison
 LTJG Patrick Harmon
 LTJG Ashley Inniss
 LTJG Stephanie Lanham
 LTJG Kans Lewis
 LTJG Catina Rieves
 LTJG Jennifer Runnels
 LTJG Daniel Thompson
 LTJG Yee Vang
 LTJG Brandon Wyche

CDC

LCDR Judith Eisenberg
 LCDR Johanna Gilstrap
 LCDR Edurado Oneill
 LCDR Sayeedha Uddin
 LT Richard Dunville
 LT Eun Gyung Lee
 LTJG Valerie Albrecht
 LTJG Shaun McMullen

CMS

LCDR Kimberly Smith

DHS

LCDR Samuel Cardarella
 LCDR Maria Dearman
 LT Crystal Carrico
 LT Stephanie Daniels
 LT Donald Hoeschele
 LT Christopher Janik
 LT Amy McConkey
 LT Zenia McKoy
 LTJG Sarah Sarari
 LTJG Ingrid Stamand

DOC

LT Ansaruddin Hasan

DOD TMA

LCDR Joshua Devine
 LCDR Cathleen Shields
 LT Tina Brads-Pitt
 LT Sherry Gracey
 LT Eric Kebker
 LTJG Mekeshia Bates

FDA

LCDR Jamila Mwidau
 LCDR Dorcas Taylor
 LCDR Quynh-Van Tran
 LT Grace Chai

LT Lysette DeShields

LT Caitilin Hamill
 LT Kelsy Hoffman
 LT Vicky Huang
 LT Simleen Kaur
 LT Jina Kwak
 LT Jonathan Kwan
 LT Jung Lee
 LT Cristina Mosquera
 LT Soo Park
 LT Michael Tollon
 LT Ellen Thanh Lan Yip
 LTJG Gregory Bessette
 LTJG Scott Gonzalez

HRSA

LT Tanya Grandison
 LT Nadra Tyus

IHS

LCDR Carletta Aberle
 LCDR Arica Carpenter
 LCDR Francis Chua
 LCDR Mark Elhardt
 LCDR Tamy Leung
 LCDR Mary Thoennes
 LCDR Kira Wilder
 LT Samuel Areh
 LT Gregory Carlson
 LT Kristie Cherry
 LT Mindy Chou
 LT Leigha Curtiss
 LT Mathew Duff
 LT Katherine Freeling
 LT William Freiberg
 LT Amanda Frison
 LT Veronica Handeland

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

You Are Cordially Invited

J  A G
CELEBRATING

10
YEARS

• • • • •
June 20, 2012
University of Maryland
Adele H. Stamp Student Union
Room #1107
7:30 - 9:30 P.M.
• • • • •

RSVP Required

\$10 in advance/\$15 at the door
• • • • •

Please reply to phs.joag@gmail.com.
Payment due no later than Friday,
June 8, 2012. Check or Paypal accepted.



Merchandise



PHS Core Values Coin

The PHS Core Values Coin serves to remind all officers of the four Commissioned Corps Values of Leadership, Service, Integrity, and Excellence.

\$10 per coin plus \$1 shipping and handling



USPHS Coin Rack

This solid pacific coast maple coin rack measures 7"x9" and has five rows that can hold military and USPHS coins. It has the USPHS seal and mission laser engraved on the front.

\$26/rack plus \$5 shipping and handling

JOAG Medallion

The JOAG Medallion serves as a constant reminder that we are officers in the Commissioned Corps. It also serves to remind us of certain characteristics an officer must have: generosity, elevation of mind, goodness, nobility, camaraderie, and the continuity of these ideals through time.

\$10 per coin plus \$1 shipping and handling



Interested in pre-ordering? Visit the Merchandise section of the JOAG website to view the order form and instructions:

http://www.usphs.gov/corpslinks/JOAG/index_files/Merchandise.htm

For questions related to purchasing items please or contact LCDR Glendolynn Johnson, JOAG Financial Liaison at Glendolynn.Johnson@fda.hhs.gov.

Visit JOAG at: <http://www.usphs.gov/corpslinks/joag/>

JOIN OUR MEETINGS

JOAG General Meeting and Journeyman Series 2011-2012

June 19-21, 2012 (COF Symposium): JOAG General Membership Meeting, 1300-1500 EDT

July 13, 2012: Journeyman Speaker Series, 1300– 1400 EDT

August 10, 2012: JOAG General Membership Meeting, 1300-1500 EDT

September 9, 2012: Journeyman Speaker Series, 1300– 1400 EDT

Join us for JOAG's monthly meetings via teleconference or in person on the second Friday of each month.

By Conference Call: (218) 936-4700

Passcode: 791-9605#

In Person: Parklawn Building
5600 Fishers Lane
Room 12A-55
Rockville, MD 20857

Miss a JOAG Meeting? Don't despair! JOAG meetings are recorded. Audio recordings are available "on demand" by e-mailing LCDR Hiren Patel at Hiren.Patel@fda.hhs.gov

Any opinions or thoughts presented in the JOAG Journal are solely those of the author and do not represent the U.S. Public Health Service (USPHS), United States Department of Health and Human Services (HHS), or any other government agency.

This newsletter has been provided by the JOAG Communications & Publications Committee. For more information on how to contribute to future editions, please contact Committee Chairs LCDR Janice Arceneaux at Janice.Arceneaux@cms.hhs.gov, LCDR Willy Lanier at William.Lanier@fda.hhs.gov, or JOAG Editing Subcommittee Lead LCDR David Wright at David.Wright@tma.osd.mil

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