



# USPHS Combined Category Newsletter

The Combined US Public Health Service Professional Advisory Committee Newsletter



## WELCOME TO THE ALL PAC NEWSLETTER OF THE US PUBLIC HEALTH SERVICE



Greetings and welcome back to the Combined Category Communications Committee newsletter, or C4 as we call it. From all of us as PAC Chairs, we thank you for the overwhelming response to our newsletter. It truly is an opportunity for all of us to share the many great things about the Corps and each category. Well, they say that the only constant in life is change. I think we can all agree that certainly has held true lately!

We've seen the departure of VADM Benjamin followed by the selection of RADM Lushniak to serve as acting Surgeon General and RADM Giberson to serve as acting Deputy Surgeon General. We've also seen the roll-out of the Affordable Care Act, as well as that little shut down. You may have heard about those events too. Of course, I make light of these events, and I am certain many of you were affected and had to sacrifice in many ways that will never be fully recognized. However, what sometimes gets lost in all of this is the fact that storms still happen, natural disasters still occur, the public still needs to be assured their medications are safe and effective, inmates and Native Americans still require healthcare, as well as many other needs that still go unmet.

I say these things to say this, that as Officers, it is our duty to guarantee that the mission still keeps moving forward. I had the fortune of a brief unplanned encounter with VADM Carmona this year and his words still ring in my ears to this effect. There is yet only one President, and but one Surgeon General, and it is our duty to keep the mission moving. What better chance to prove our mettle and our worth to this great Nation than for us as uniformed Officers to stand tall and serve, even at great sacrifice, because we see it as our duty. I hope you were unaffected by these recent events or the effects were minimal. But, truly I hope that you took advantage of the opportunity to make us all proud to say we belong to the Commissioned Corps.

Keeping with the theme of change, this will be my last article as your PAC Chairs Chair. Our operational year ends on December 31<sup>st</sup> bringing my term to an end. I

can say without reservation it has been the greatest honor of my professional life to serve as your Chair, and you can count on me to continue to serve our Corps at every possible opportunity. Perhaps I will still see many of you at the Symposium each year, until then continue to represent our core values and make us all proud!

*Mike*

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# ListServing Our Fellow Officers

By LCDR Ian A. Myles, Physician PAC



After leaving the Commissioned Corps, the late VADM C. Everett Koop, the flagship officer of PHS flagship officers, started upon a project that would become drkoop.com. It was the first website to use the internet to disseminate health care information to the masses. One can fully appreciate just how ahead of the curve Dr Koop was when you realize the site ran on Windows 3.1 and was designed for Netscape browsers (inset below).

Telemedicine has the potential to improve access to care, enhance local caregivers, substantially reduce costs, facilitate earlier intervention in disease processes, and improve patient participation and self-reliance. In 2011, The New England Journal of Medicine published the groundbreaking findings from the University of New Mexico's Project ECHO. This study used teleconferences between local providers and a central hub of experts at UNM. Local providers that were struggling to manage complex patients with Hepatitis C would submit de-identified requests for council. The UNM team would then collect these requests and schedule a teleconference with all the providers requesting input. They would discuss each case (again, in a de-identified fashion) just as if they were on hospital patient care rounds. The local providers would thus maintain control of caring for their patients but could get expert input without the wait time, expense, and travel demands patients would otherwise incur.

Dr Sanjeev Arora, the leader of Project ECHO, showed that patients treated by their home provider but with expert tele-input were just as likely to be cured and had fewer adverse events than patients that traveled to UNM for consultation, a remarkably promising finding for anyone that cares for patients in remote locations such as those served by the Commissioned Corps. Project ECHO has since expanded to multiple sites and to include all areas of medicine, not simply Hepatitis C.

Telemedicine that broadcasts a provider into a clinic to speak *directly* with a patient is limited by the need for credentials in that clinic and a license in the state of the clinics location. The up-front costs for equipment and medical liability are also huge deterrents to routine use of such a practice. However, what Project ECHO highlights is that under the law provider-to-provider contact is considered an educational meeting and not transference of care. Therefore, a similar set up would not be hampered by the usual red tape and legal worries.

In that spirit, we are proud to announce a PHS officer-only ListServ dedicated to disseminating clinical information for remote providers – ThePHSTeam@List.NIH.Gov. It is open to all categories.

The ListServ works by officers sending a request using a subject line such as “PHSHelp: Rheum”, allowing fellow officers to screen emails for ones they can potentially be of help with. The request for information then provides a brief description of the needs. For example, “I have a pediatric female with joint pains that appears to be rheumatologic in nature. Is there someone with expertise that can assist?” If other officers would also like similar input, they should email the requesting officer to be notified when a reply comes. This ListServ only functions if those with subject matter expertise reach out to help their fellow officers, so please attempt to help whenever possible. If an officer can provide input, set up a time to discuss the request via telephone or tele-conference. (Continued on page 3)

Screenshot of drkoop.com



## Clinical Assist Listserv Continued

The only hard-line rule of ListServ is that no patient identifying information can be posted. This includes any personal emails between officers subsequent to making the connection via the ListServ. No names, medical record numbers, etc are allowed.



We hope that this ListServ can aide officers by connecting them to those with subject matter expertise in a manner befitting former Surgeon General Koop's legacy of medical innovation. The issue of concern need not be as complex as patient illness – even learning a new Pyxus system, IV pump, etc can be difficult and made easier with input from a fellow officer.

**To sign up:** simply send an email to [ListServ@list.nih.gov](mailto:ListServ@list.nih.gov), leave the subject line blank, and in the message body write "Subscribe ThePHSTeam" followed by your first and last name. Further confirmation and instructions will be sent to you upon successfully joining the ListServ. If all of our Public Health Service Commissioned Corps officers actively participated on this ListServ, it could serve as an amazing resource for the enhancement of patient care.

## PLEASE SIGN UP FOR THEPHSTEAM CLINICAL ASSIST LISTSERV TODAY!!!



## My Work is not Done

By CDR Wanda Chestnutt, Nurse PAC



In December 2012, I had the honor of voluntarily traveling to the Edna Adan University Hospital in Somaliland for two weeks to learn, understand, educate and care for women who had been subjected to Female Genital Mutilation (FGM). My desire was to use my skills as a nurse while also doing research about FGM for my doctorate.

I interviewed a local, traditional cutter, to understand the cultural beliefs and traditions of FGM. I believed that the information from the cutter would be vital in devising my education plan. She performs FGM on girls between the ages of 5-13. She stated it is a tradition to "cut," or surgically close the vaginas of young girls until marriage to prevent them from engaging in sexual intercourse. Although FGM is banned in Somaliland, the cutter stated that she performs the procedure on 15-20 girls per day, at \$15-\$20 per procedure. When asked if she would ever consider discontinuing the practice of FGM, the cutter responded, "Not unless I am blind or dead."

While at the hospital I also assisted in the de-infibulation procedures of several women, to reverse FGM. The women were terribly frightened, my role was to offer comfort to these women with a friendly touch and smile.

I shifted my focus to educating and raising awareness among both professional and lay providers of the negative reproductive, urological and mental health sequelae of FGM. I spent a great deal of time with over 50 Somaliland nursing students, and many Somaliland women and men. I assisted in the delivery of approximately 9 births, assisted with postpartum assessments and taught mothers

how to breastfeed their newborn babies.

Maintaining the delicate balance of respecting cultural traditions and raising awareness about the ill effects of a practice rooted in the history of that culture was instrumental in my success in connecting with the people I encountered.

It was a privilege and an honor to volunteer my knowledge of western nursing practice, and medicine to educate so many on the taboo subject of FGM.

To view the entire article, go to:

[http://www.huffingtonpost.com/wanda-chestnut/my-work-is-not-done\\_b\\_3428207.html](http://www.huffingtonpost.com/wanda-chestnut/my-work-is-not-done_b_3428207.html)



# Physical Therapy in the Treatment of Urinary Incontinence



By Tami Bonebrake, Therapist PAC

Urinary incontinence is defined by the International Continence Society (ICS) as “an involuntary loss of urine that is objectively demonstrable and a social or hygienic problem.” Incontinence is a common problem, particularly among females. It has been reported that the prevalence of urinary incontinence among older community dwelling females is 17% to 55%, and 12% to 42% in middle-aged and younger women, while rates in men are approximately 1/3 of those in women until age 80, when rates converge at around 42%.

The literature supports conservative treatment of the pelvic floor as a first line therapy for incontinence in cases of mild to moderate prolapse and with persistent postpartum urinary incontinence. A 2010 Cochrane review has suggested that specific populations of women, such as primiparous women, those who have bladder neck hypermobility in early pregnancy, individuals who deliver a large baby, or women who have a forceps delivery may also benefit from pelvic floor muscle training (PFMT). According to a 2002 study in the *Journal of Wound, Ostomy, and Continence Nursing*, Miller, et al found that verbal instruction alone was not adequate for teaching patients in performing pelvic floor exercises, and that clinician-supervised exercises are more effective in treating incontinence. Specially-trained women’s health physical therapists have the skills to treat the pelvic floor complex. These therapists provide education about pelvic floor function, exercise, and awareness of the pelvic floor musculature. This has been shown to significantly decrease and/or cure episodes of leakage.

The pelvic floor serves three important functions: supportive, sphincteric, and sexual. The pelvic floor, along with the pelvic bones, smooth muscle, and connective tissue provide support for the pelvic organs. The pelvic floor supports the pelvic organs against gravity and increases in abdominal pressure, as well as providing support and tone of the vaginal walls. The sphincteric function of the pelvic floor aids in control of the perineal openings. Pelvic floor muscles (PFM) also provide an increase in intraurethral pressure for maintenance of continence and assist in delay of voiding through reflex inhibition of the bladder by Bradley’s loop. During an effective contraction, the PFM may press the urethra against the pubic symphysis, thereby increasing mechanical pressures on it. Relaxation of these same muscles allows micturition, defecation and flatus to occur. The sexual function of the pelvic floor muscles enhances sexual appreciation via contraction of the perivaginal musculature during coitus.

The three types of urinary incontinence that are treated with pelvic floor rehabilitation are stress urinary incontinence, urge urinary incontinence, and mixed stress and urge urinary incontinence. The symptoms of stress urinary incontinence involve involuntary urinary leakage during events increasing intra-abdominal pressure such as coughing, sneezing, laughing, bending over, and lifting. Persons with urge urinary incontinence are unable to delay the urge to void. This is often associated with frequency. Mixed urinary incontinence involves symptoms of both stress and urge urinary incontinence.

Success with PFMT is dependent on choosing patients appropriate for conservative treatment. It has been recommended that four criteria should be met prior to beginning a program of PFMT: 1) adequate alignment of pelvic organs, 2) intact structural support, 3) functional muscle activation ability, and 4) absence of reversible causes for incontinence. Conservative treatment options generally focus on exercise of the pelvic floor, bladder training, and use of exercise-assisted tools such as biofeedback and electrical stimulation. Physical therapists also use behavioral methods in conjunction with the above-mentioned including the use of fluid schedules, avoidance of dietary irritants, and bowel programs.

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## Up-to-date Career Development Guide issued by the PharmPAC



A recent workgroup was formed of experienced pharmacist officers representing various Operating Divisions to significantly revise and update the *Career Development Guide* for Pharmacist Officers within the U.S. Public Health Service Commissioned Corps (Corps). Following months of collaborative effort, the workgroup created an up-to-date *Guide* that was approved by the Pharmacist Professional Advisory Committee (PharmPAC) in April 2013. All sections of the *Guide* were rewritten to reflect the Corps’ new organizational structure and recent policy changes, to provide current hyperlinks, and most importantly, to improve readability. The

workgroup will maintain an up-to-date *Guide* by verifying all the information is accurate on an annual basis. The up-to-date *Guide* is available to all Corps officers on the PharmPAC website at: [USPHS PharmPAC - Career Development Guides](#). Overall, the document will help all Corps officers make decisions about their career paths in order to achieve their professional goals. The document will also help all Corps officers organize their responsibilities in order to perform their mission(s) successfully.

# Veterinarians For Vitality



By CDR Dwayne Jarman  
Veterinary PAC

In this article I will share the story of how I used electronic phone applications to lose weight over the last 6 months. I'm hoping that my story might encourage you to find your approach to healthier living.

In July of 2012, I began running 5K several times a week either outside or inside. Unfortunately, in December of that year, I injured one of my knees while shoveling snow. As a low impact alternative, I began swimming laps in January 2013. I have been swimming and/or running since that time 3 to 4 times a week. While I did notice some changes in my body's shape, I was not losing any recognizable weight. I began to think that I wanted to be fit and should be fitting into those old uniforms hanging in the closet!

I thought for sure that I was going to lose this battle. Knowing that I am a stress eater and that I have had a stressful work and home life for the few past couple of months, I knew this is when I generally start gaining weight. Restricting my diet seemed like an easy way to provide some level of control in my life at a time when I had little or no control elsewhere.

As veterinarians, it is easy for us to recognize that we need to reduce an animal's weight by increasing their exercise and reducing their consumption. However, when we try to apply those same principles to our own lives, it is easy to find an excuse why we cannot. At least that was my excuse.

After being encouraged by several individuals in my office who were losing weight, I began tracking my food consumption and exercise using smart phone applications. I started out using *Lose It!*, which is a great app. The problem with *Lose It!* was that I had to add each component of a meal to guesstimate the caloric value of my foods. I then switched to *MyFitnessPal*, which has a much larger database of food. Additional programs are capable of using the phone's GPS to track walking, jogging, or bike riding pace, distances, and calories burned. Examples include *LogYourRun* and *Strava Cycling*, although many other programs are available.

These apps work with electronic scales, pedometers, heart rate meters, and other applications to help make tracking your caloric consumption and burn easier than ever.

During the 2013 COA Conference, I wore the Service Dress Blue that I bought right after my Call to Active Duty in 2005. It has been at least 5 years since I've fit into that uniform. In addition, the weight loss has given me more energy. I can play harder and longer with my kids. While I am still overweight according to the Body Mass Index, I know that I am working towards normal body weight.

I took 1.5 months off from tracking and weight monitoring, but I started tracking my activities again today. I hope to lose another 20, possibly 30 lbs. I know it is possible! Hope my story has provided you with some inspiration to have a healthier, longer, happier life.

Applications to consider for calorie counting:

MyFitnessPal: <http://www.myfitnesspal.com/>

Lose It!: <http://www.loseit.com/>

FitBit Flex: <http://www.fitbit.com/flex>

FitBit Scale: <http://www.fitbit.com/aria>

To learn more about the National Prevention Strategy, please see the following links:

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>

<http://www.surgeongeneral.gov/initiatives/prevention/2012-npc-action-plan.pdf>



# There Are Disabilities Among Us

By CDR Angie Roach, Dental PAC



Did you know there are employees with disabilities among us? Challenges to a person's health can happen to anyone, at any age, and at any time, as a result of any number of different causes. When limitations related to a medical condition arise and begin to have a negative effect on essential life functions, such as walking, talking, seeing, hearing, or working [functions often referred to as "Activities of Daily Living" (ADLs)], a person is said to have a disability. When it comes to health and wellness of persons with disabilities, in many ways, these individuals face multiple challenges. The challenge is to be seen, acknowledged, and heard as a whole person and not be viewed solely as a disability.

According to the U.S. Department of Labor, ten of the fastest growing occupations are health care related. The health care field will generate 3.2 million new jobs between 2008 and 2018. This growth will be largely in response to rapid growth in the elderly population. For new workers with disabilities, and as our working population ages, it is no surprise that employers will be facing hiring, retaining and accommodating many of these valuable workers. Whatever the age of onset of disability, one point is notable: increasing numbers of persons with disabilities that once resulted in premature death now live to, or exceed, the life span for the average American of over 76 years. From the public health perspective, many persons with disabilities can, and do, lead normal, healthy lives when they can access appropriate care to support their ongoing health and wellness needs.

The mission of the Commissioned Corps of the U.S. Public Health Service is to protect, promote and advance the health and safety of the people of this Nation. This means all people, but especially those who are vulnerable. The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities helps identify barriers to overcome and suggests direction to improve the health and wellness of persons with disabilities and to promote their engagement in school, in work, in worship, in family and in the overall fabric of life in ways unimagined several years ago.

The civil rights movement, the deinstitutionalization movement, and other human rights and health policy initiatives of the 1960s and 1970s have helped form the disability rights movement. In turn, the voices of advocates for persons with disabilities have become powerful in the drive for a more level playing field for persons with disabilities in education, in jobs, in health care and in all aspects of community life. The result has been the adoption of laws, policies, programs, and regulations intended to ensure and protect the rights of persons with disabilities. One of the most significant laws includes Section 504 of the Rehabilitation Act of 1973. This law specifically prohibits discrimination against a class of individuals—persons with disabilities—by agencies, organizations, and employers that are either part of the federal government or receiving federal funding. Section 504 specifically requires equal opportunity to

persons with disabilities who otherwise would qualify to participate in, receive benefits from, and be free from discrimination by any programs conducted or supported by federal dollars. These include programs related to housing, employment, health care, and education among others. Sections 501 and 503 of the same act prohibit discrimination against persons with disabilities in federal employment practice and by federal contractors, respectively.

This is where Corps officers can make a difference by striving to help enrich the quality of life for persons with disabilities. The principle on which the Surgeon General's Call to Action is based is: Good health is necessary for persons with disabilities to have the freedom to work, learn, and engage actively in their families and their communities. It is a principle that is easy to understand and easy for us as public health professionals to apply to our daily work efforts. The perception of disability is in transition. With the recognition that disability is not an illness, we increasingly emphasize continuity of care and the relationship between a person with a disability and the environment at the physical, emotional, and environmental levels.

Disability discrimination occurs when an employer or other entity, covered by the Americans with Disabilities Act or the Rehabilitation Act, treats a qualified individual with a disability who is an employee or applicant unfavorably because he or she has a disability. Disability discrimination also occurs when a covered employer or other entity treats an applicant or employee less favorably because s/he has a history of a disability (such as cancer that is controlled or in remission) or because s/he is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if s/he does not have such an impairment).

If you have a disability or if you are a supervisor of a person with a disability and have questions but no answers, there are several websites available to help. The Job Accommodation Network is a great resource for information and can be found at [www.askjan.org](http://www.askjan.org). The Americans with Disabilities Act at [www.ada.gov](http://www.ada.gov) and Disability.gov at [www.disability.gov](http://www.disability.gov) are also great resources.

There are employees with hidden disabilities.  
(Continued on page 7)

Employees are not required to divulge information regarding a disability. You may not know, and probably do not know, who has a disability, so please be thoughtful and considerate at all times. The CCPM 26 defines Prohibited Discrimination: Any action, omission, or use of language that results in the adverse treatment of a person because of his/her race, color, religion, sex, national origin, or to a limited extent, age or disability, as well as actions or omissions or use of language that constitute harass-

## Dental PAC: Disabilities Among Us Cont'd

ment or reprisal. Don't become a participator of discrimination.  
And remember, there are disabilities among us.

# National Park Service (NPS) Assumes a New Role: Operating the Yosemite Medical Clinic



By LT Timothy Yett, Nurse PAC

Nestled within the heart of Yosemite Valley, surrounded by waterfalls and granite rock faces, stands the Yosemite Medical Clinic (YMC). YMC is the first clinic to be owned and operated by the National Park Service (NPS). USPHS nurses: LT Timothy Yett and LCDR Jennifer Leggett, are being awarded for their outstanding contribution in the development of a complex insurance billing system, computer radiography program, and specialized laboratory services.

As of January 1st 2011, the National Park Service assumed operation of the Yosemite Medical Clinic, following the conclusion of the previous clinic concession contract. The clinic facility underwent significant renovation and hired new fulltime medical staff. NPS partnered with the U.S. Public Health Service (USPHS) Commissioned Corps to provide healthcare for the community.

The USPHS medical staff consists of one physician, one physician assistant, and two nurses. The clinic officially reopened its doors in April of 2011. YMC currently provides primary care, urgent care, public health and occupational health services. Additionally, the YMC physician, LCDR Ralph Groves, provides medical direction for all Yosemite Emergency Medical Service (EMS) field providers and medical control for over 1000 front-country EMS and back-country Search and Rescue (SAR) incidents each year.

With the newly assumed responsibility for YMC and the 24/7 advanced life support (ALS) ambulance service, Yosemite National Park became the largest NPS medical program in the country, now having the opportunity to serve and protect over 8,000 patients annually. In addition, the team remains committed to supporting two of the nation's most complex and progressive SAR and Preventive SAR programs. The park wide EMS program supports 149 credentialed providers: 42 Advanced Life Support (ALS), and 107 Basic Life Support (BLS).

The Yosemite National Park EMS team exemplifies the commitment to protecting, promoting, and advancing the health and safety of our nation.



# Fitness Secrets of an Admiral

Pharmacist PAC Interview by CDR Juliette Touré; Photos by CDR Kun Shen, assisted by LCDR Trang Tran and LCDR Hamet Touré



*The times in my life when I have been the most physically fit, I've also been the most mentally and emotionally fit.*

Professor at the Uniformed Services University. Above all, she is the wife of a Commissioned Officer and devoted, proud mother of three, ages 22, 20, and 18.

She often speaks with pride for the dedication and work of USPHS officers. She inspires us to stand in our uniforms a little taller, perform better, and be proud of the unique, multi-faceted opportunities that we have as officers. Although she retired from the Corps on June 1, 2013, she will always be an officer at heart and model for us to emulate. In a candid interview, she expresses how being a USPHS officer and having to be a model for health has been a blessing in some ways, teaching her how the mental and physical wellness are tied. She also shares a few of her secrets to maintaining a fitness level of someone decades younger.

### ***Why is fitness so important to you, personally?***

Fitness is as much about what goes on in the head as what goes on in the periphery. The times in my life when I have been the most physically fit, I have also been the most mentally and emotionally fit. I can work more efficiently, think more clearly. I'm better able to cope with stress in all aspects of my life.

### ***What's your workout routine? How do you fit fitness into your busy schedule?***

It's on the loose side, but if I don't have a routine way of going about it, I won't get to it and will end up dropping off the fitness wagon. I usually exercise first thing in the morning. I'm not typically a morning person, so that means I have had to train myself to get to bed earlier. I also like to have variation in what I do. I have structured workouts, usually involving aerobic exercises such as running or swimming, 4-6 times a week. I strive for that and make it a priority. A typical run is about 40 minutes (4 miles) and swim is about 3000 thousand yards (1hr 10 min). I started doing yoga recently once a week, as an investment in flexibility and core strength. I really have noticed *HUGE* improvements in my running & swimming. And I am not sore anymore.

### ***How has your fitness regime changed over time?***

I used to run like a fiend. I don't think I could have stayed sane through residency without it. Over time, I've ramped up my swimming, reduced running, and added yoga. I try to keep it fresh by setting goals for myself. For example, my goal last year was to improve my backstroke and to complete a triathlon. This year, I'm going to work on my breaststroke and complete a longer triathlon. If I don't set these goals, I just get stale and bored.

### ***What about when you are on travel?***

Travel is actually a great opportunity to exercise. I often have more down time. I try to focus on forms of exercise that are low budget and don't require special equipment, e.g., running, walking. If I'm going to be in a location for a while, I will seek out a local pool.

### ***Have you ever had a serious injury?***

No. I've had annoying overuse injuries such as Achilles tendonitis, plantar fasciitis, and knee problems. They've become less frequent as I've become better at preventing injuries through changing my running stride and wearing the right shoes. With shoulder and elbow injuries from swimming – I've learned to identify potential injuries early on and focus on why that's happening rather than waiting. I swim in a coached workout, so someone can analyze my stroke and provide feedback on how to improve. I also read up on injury prevention and sought advice from others such as training professionals, therapists, fellow athletes.

### ***How do you get back into shape, or maybe I should ask first, have you ever been out of shape?***

Oh, sure I have! [And I got back into shape], with great difficulty and vowed that I wouldn't put myself through that again. I remember reaching a point after my third pregnancy, having moved to a new place and started a fellowship, I knew that I had to do something. (Continued on page 9)

I started slowly, getting my neighbor to walk with me first thing in the morning before we both went to work, in the dark. Then I began to run the course and gradually continued to build from there.

RADM Sandra Kweder, MD (*ret.*) elevates the energy in any room she enters. She exudes warmth, confidence, and passion for the missions of the Food and Drug Administration (FDA) and the U.S. Public Health Service (USPHS). As the Deputy Director of the Office of New Drugs in the Center for Drug Evaluation and Research, she has been one of the most visible representatives of the USPHS in the regulatory environment and one of our greatest champions. In her illustrious career, she has served as a medical reviewer in the Division of Antiviral Drugs, a division created at the time to address the growing field of HIV drug development, and held a number of challenging leadership positions in the FDA.

She maintains her clinical skills in internal medicine, teaches at the Walter Reed Medical Center, and serves as an Associate



**Set a goal and go for it!**

## Fitness Secrets Continued

### *How are you going to prepare for your next APFT? What level are you shooting for?*

I'm going to spend a couple of weeks practicing pushups and try to max out. I usually shoot for Level 4 of the age-group below mine, and better yet, 2 age-groups below. I have to say that I don't like the sit-ups. They are bad for the back. We should consider changing sit-ups to crunches, like some of the other uniformed services. Even in retirement, fitness will still be an important part of my life – I will still be encouraging officers to do the APFT and proctoring them if they'd like!

### *What are your future fitness goals? Or events?*

I'd like to complete an Olympic distance-triathlon this year – 1 mile swim, 25 mile bike, 10K run. Training for the bike is the hardest part, mainly because it takes time. It's another exercise to add to the regime. I want to push myself, but I'm shooting for completion and not ending up in the medical tent. I did Olympic-distance triathlons before kids and haven't done one since. Last year, I completed a sprint [triathlon] – the Athleta Iron Girl Sprint (half-mile swim, 17 mile bike ride, 5K run) and ended getting first place in my age group. It was great – it's women only and you can get free massages afterward. I got two!



Projecting an image of health and wellness, both physically and mentally, is an important component of your [USPHS] career.

***It is as important as the job you do.*** It's part the package. It inspires confidence in those with whom we work. If you cannot run or do certain types of fitness activities, it is your job to change your inertia. You will always stand out and be remembered in uniform. If you do a great job or a lousy job they'll remember you in uniform. It is our duty to always be remembered for doing a great job.

# The Gluten Free Diet

By LT Doreen Gubbay, Dietitian PAC



The gluten free diet is becoming more popular amongst the general population. The market is expanding gluten free food options at an exponential rate to keep up with the demand. To some, the gluten free diet may be perceived as a “fad diet” and a means of weight loss.<sup>1</sup> There is little evidence to support the fact that following a gluten free diet can lead to weight loss; It does however make sense that following a gluten-free diet, by means of eating only naturally gluten-free foods, will eliminate some food choices from your diet; and therefore, may have the potential for weight loss. However, loading up on gluten-free replacement foods, such as breads, cakes, and cookies, will not help with weight loss efforts. As a matter of fact, comparing gluten free pretzels to regular pretzels, the gluten free option provides more calories and fat per serving.<sup>2</sup> Although the gluten free diet is gaining popularity, we must remember that it still remains a medical necessity for those diagnosed with Celiac Disease.

More than two million Americans have Celiac Disease. Currently, there is no medical treatment for those diagnosed with Celiac Disease.<sup>3</sup> Celiac Disease is an immune-mediated disease triggered by consumption of gluten. When gluten is consumed by someone with Celiac Disease the immune system responds to the gluten as if it were an invading pathogen and the resulting inflammatory process damages the lining of the small intestine. The small intestine is where most nutrient absorption occurs; and therefore, damage to the small intestine may result in nutrient deficiencies and related diseases. Celiac Disease has some very painful and limiting symptoms, which include diarrhea, stomach pain, fatigue, joint pain, and weight loss.<sup>4</sup> Currently, the only known management for Celiac Disease is to follow a strict gluten free diet. Gluten is found in specific proteins called prolamins. The specific prolamins found in several

grains, include wheat (gliadin), rye (secalin), and barley (horedin) are found to cause the immunologic reaction. Additionally, oats contain the prolamins, avenin, which in a small portion of celiac patients, produces a reaction. Oats are also often contaminated with various wheat proteins; therefore, those with Celiac Disease must take caution in consuming oats.<sup>1</sup> Many foods are naturally gluten free including fresh fruits, vegetables, meat, fish, poultry and dairy. Additionally, many grains are also naturally gluten free, including amaranth, corn, quinoa, millet, rice, sorghum and teff.<sup>5</sup> The confusion comes mostly with convenience foods, where there is great potential for contamination, mislabeling and hidden sources of gluten, which may not be blatantly well known to the consumer, including soy sauce, bouillon, malt vinegar, and thickeners, to name a few.<sup>3</sup> Until recently, there was no guidance on product labeling for a product that was marketed as “gluten free”. On August 5, 2013, the FDA set criteria for manufactured foods that state label claims, including “without gluten,” “free of gluten,” “gluten free” and “no gluten.” The proposed rule established a limit of less than 20 ppm of gluten for such marketed products. A level of 20 ppm of gluten in foods is the lowest level that can be consistently detected using valid scientific analytical methods. It is also stated in the article that most people with Celiac Disease can tolerate foods with very small amounts of gluten.<sup>6</sup> In addition to those with Celiac Disease, many others are following a gluten free diet. (Continued on page 10)

Approximately 15% of the U.S. population fit into a category of having “gluten sensitivity” (GS), generally defined as non-celiac GS.<sup>7</sup> These individuals are said to experience distress when eating gluten-containing products and show improvement when fol-

## Gluten Free Diets Continued

lowing a gluten free diet. Gluten sensitivity is a condition distinct from Celiac Disease and is not accompanied by the presence of antibodies or other immune reactivity. The small intestine of non-celiac GS patients is usually found to be normal. A proposed diagnosis of gluten sensitivity can be made when both allergic (wheat allergy) and other immune mechanisms (Celiac Disease) have been ruled out. Positive markers of gluten sensitivity can include a presence of biomarkers of native gluten immune-reaction (AGA+), clinical symptoms overlapping with Celiac Disease or wheat allergy symptoms, and patients who show a resolution of symptoms when adhering to a gluten free diet.<sup>8</sup>

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## PHS Engineer Named 2013 Engineer of the Year

By the USPHS Engineering PAC



CAPT Richard Gelting (center) with the U.S. Surgeon General, VADM Regina Benjamin (left), and the PHS Chief Engineer, RADM Sven Rodenbeck (right)

CAPT Richard J. Gelting, PhD, PE was named the Federal Engineer of the Year and the USPHS Engineer of the Year for 2013. These awards recognized CAPT Gelting's work on global water, sanitation and hygiene (WASH) issues at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA.

Diarrhea, which is largely attributable to unsafe WASH conditions, is the second leading cause of childhood deaths worldwide. It accounts for 1.5 million deaths globally every year and kills more children

annually than AIDS, malaria, and measles combined. Nowhere has this been more evident recently than in Haiti, where the largest cholera epidemic in modern history is ongoing and has sickened more than 650,000 people and caused over 8,000 deaths. Despite these serious implications of poor WASH services, large numbers of people in the world still lack them; an estimated 780 million lack access to safe water, and 2.6 billion lack access to basic sanitation.

To help address these massive global public health issues, CAPT Gelting led the Global Water, Sanitation and Hygiene (GWASH) Team within CDC's National Center for Environmental Health from 2007 until recently. That team's work included implementing and evaluating Water Safety Plans (WSPs) and evaluating the long term sustainability of WASH interventions. CAPT Gelting's team was involved in the first WSP undertaken in the Western Hemisphere in Jamaica. Water Safety Plans (WSPs), a World Health Organization (WHO) methodology for assessing and managing risk in drinking

water systems, are a relatively new approach to managing drinking water quality. Designed to involve stakeholders in identifying and prioritizing risks to drinking water throughout the supply chain from watershed to tap, WSPs are more proactive than traditional methods based on finished water testing. They have been applied successfully in many countries in Europe, Asia, and Australia, and have been shown to reduce waterborne illnesses. In conjunction with local and international partners, CAPT Gelting's team also completed WSPs in Bolivia, Brazil, Ecuador, Guyana, Peru, and St Lucia.

In some cases, these efforts led to large scale, national policy changes. For example, in Brazil, health protection for over 200 million Brazilians improved when implementation results were used as grounds to revise national drinking water regulations to require WSPs for all drinking water systems. Pending revisions to Jamaica's national drinking water regulations also incorporate a requirement for WSPs. (Continued on page 11)

A WSP in Guyana led to a national program to promote household water treatment in areas with no piped water or intermittent service.

## Engineer of the Year Continued

At the project level, as a direct result of the pilot WSP in Brazil, water treatment costs dropped, firmly cementing water utility commitment to the WSP process. In Jamaica, improved collaboration and productivity among WSP stakeholders led to more efficient and effective water system management. WSP implementation in Guyana led to improved communication and partnerships, especially between the national water utility and the Ministry of Health, which regulates drinking water quality. These partnerships resulted in improved water quality monitoring.

Despite their importance to health, many WASH interventions have not proven to be sustainable over the long term. To investigate the issues surrounding sustainability, CAPT Gelting conceptualized, championed, and directed a 10-year study on long-term sustainability of American Red Cross (ARC) WASH interventions that reduced childhood diarrhea by 26% in rural Central America communities. This study showed that sanitation interventions (i.e., latrines) were the most sustainable over their prescribed length of utility, but issues arose after they had surpassed that time span. The sustainability of water interventions often was related to severe storms and population changes. Changes in hygiene practices appeared related to ongoing hygiene promotion from organizations outside of these rural communities.

Results from this study have led to programmatic changes at ARC to enhance sustainability and sustain health impacts. Specifically, ARC has incorporated lessons learned from the sustainability study into WASH activities throughout the Americas, potentially improving health impact for millions of people. In addition, Red Cross National Societies in Central America have put additional emphasis on WASH programs, supporting development of technical units focusing on WASH and implementing fol-

low-up support programs in the communities that received WASH interventions. Results have not been confined to the region, however; ARC designed its response to the Asian tsunami as a 5-year program rather than a short-term emergency response to ensure sustainability of the interventions.

These changes in the way ARC does business in the WASH sector are a direct result of the work of CAPT Gelting and his team and their interactions with ARC, and have helped improve and guide hundreds of millions of dollars' worth of ARC work.

CAPT Gelting's recent work has focused on Haiti. He has been the co-leader of CDC's WASH response to the Haiti cholera epidemic since that event started in October 2010. CAPT Gelting served as the WASH Team Lead in CDC's Emergency Operations Center for 3 months at the beginning of the outbreak and has deployed numerous times to Haiti.

Before coming to CDC, CAPT Gelting also served with the Indian Health Service from 1996 to 2001 on the Navajo Nation, first as an environmental engineer in Many Farms, AZ and then as Assistant Branch Chief for the Sanitation Facilities Construction Branch in Window Rock, AZ. He holds PhD and MS degrees in environmental engineering from Stanford University and is a registered professional engineer in New Mexico.



Water tank project in Guayabo, Guatemala



Rope pump on a shallow well in Waspsam Nicaragua

## Working with Senior Leaders: Learning to "Lead Up"

CAPT John Iskander, Physician PAC

For Commissioned Corps officers, working with senior leaders can be an opportunity for both personal growth and career skills building. This can be especially true for junior officers. This article seeks to describe the rationale for engaging with senior leadership, and to provide a personal perspective on how to constructively work with and learn from those in leadership positions.

A senior leader can be an officer's supervisor, a deployment team leader, a flag of-

ficer, a civil servant in a leadership position, or even an appointed or elected official. Senior leaders typically have management responsibilities and decision-making authority. They typically require clear, concise, and accurate information, and generally need to respond to rapidly shifting priorities. Often senior leaders have limited time for face-to-face meetings.

Watching different leaders in action is one important way to learn how to lead, as expo-

sure to different leadership strategies allows officers to develop a personal leadership style. The benefits of working with senior leaders include increasing the officer's exposure to high-profile organizational or agency issues and decision-making, as well as building leadership and communication skills in a "real world" setting. (Continued on page 12)

Providing guidance and service to senior leaders can allow the officer to develop



## Learning to Lead Up Continued

knowledge and skills that go beyond their core area of expertise. If the request for assistance from leadership is outside of your area of expertise, seek help from colleagues who can either provide the information or refer you to experts. Conversely, a PHS officer's existing fund of knowledge in a specific area may be of great benefit to leadership when urgent issues arise.

Before providing more detailed guidance, it's worth taking a look at the big picture of being a senior leader. Being in a leadership position can be difficult and potentially risky. Leaders are accountable to their supervisors, and they are subject to consequences, including in some cases removal from their position. In a typical chain of command in either a routine or deployment situation, leaders are "right because they are last". In other words, decisions can be questioned up to a point, but decision-making authority must be respected.

The professional relationship between an officer and a senior leader may be advisory, collegial, mentoring, or subordinate. It is important for the officer to clearly understand what type of information or guidance the senior leader is seeking to receive or provide. Before you begin interacting with your leader, ask them or others they work with about their leadership and management style and communication preferences. Some leaders prefer short, frequent email updates, others regularly scheduled one-on-one meetings, yet others prefer a combination of both or some other system of communication entirely. If possible, develop an emergency communication plan so that, if needed, a senior leader can reach you outside of normal working hours. If you are asked to provide urgent updates, clarify how, when, and under what circumstances those are to be made.

Although it may be hard for junior officers to appreciate, leaders often need your specific experience and guidance more than you need them. If there is a "golden rule" of being a good colleague to a senior leader, it might be to always ask if there is something specific they need help with. This can provide opportunities for service, for contributing to projects that provide new knowledge or experi-

ence, and might involve interacting with others in leadership circles. While repeated frequently in jest, "never volunteer" is not good career advice for a PHS officer.

No matter how you communicate with your leader, do what you can to simplify. Limit length of email and verbal communication, unless your leader always prefers greater detail. Consider that senior leaders are often "on the go" and might not be able to access attached documents (paste them in an email instead). Do not present a complex situation to a senior leader without at least some preliminary analysis of your own; decisional options may be appropriate to present on occasion. These ways of framing issues for a leader convey that the officer has taken some initiative, and given the potential actions and their possible consequences careful consideration.

Every officer should recognize that others view them as a leader, and should view themselves in the same way. One of the important duties of leadership is to provide guidance and support to others in leadership positions. The ability to influence or guide a senior leader has been called "leading up" by the National Preparedness Leadership Initiative, (NPLI) a CDC co-founded leadership training program now jointly operated by the Harvard School of Public Health and the Harvard Kennedy School. Commissioned officers are eligible to participate in NPLI, but agency-level candidate selection and admission to the program is competitive.

Working with senior leadership may involve giving briefings "on the spot" or on short notice. When there is time to prepare, seek to understand the purpose of the briefing, the desired outcome, and the officer's role.

Many of us have been taught as clinicians or interviewers to ask "open ended" questions. This strategy may be less effective when briefing a senior leader. Instead, formulate a clear "ask", such as a request for personnel or resources (e.g. to support a deployment or other public health response), for the leader's visible support for a program or initiative or for the making of a policy or operational decision by the leader. If further updates or briefings are needed, clarify with the leader

or their support staff when and how these will occur.

One of the uniquely rewarding aspects of the PHS is that opportunities to work with the Corps senior leadership are readily available. The annual PHS meeting (sponsored by the Commissioned Officers Foundation) and visits by flag officers or other VIPs provide opportunities to serve as an aide-de-camp (personal aide). Other PHS and non-PHS settings that promote interactions between more junior officers and senior leaders include deployments, agency-wide or inter-agency workgroups, locally sponsored COA events, and professional associations. Senior officers may also be available to formally or informally mentor junior officers on either an occasional or ongoing basis. Consult the COA website for details. Acknowledgment: CAPT Holly Williams)

For those seeking more information, relevant books and websites include:

- ◆ [Followership](#) by Barbara Kellerman
- ◆ [Leadership on the Line](#) by Martin Linsky and Robert Heifetz
- ◆ [Servant Leadership](#) by Robert Greenleaf
- ◆ National Preparedness Leadership Institute website:  
[www.hsph.harvard.edu/npli/about-npli/](http://www.hsph.harvard.edu/npli/about-npli/)

# Strides in Smoking Cessation

By LCDR Marisol Martinez, Pharmacist PAC



In 1964, VADM Luther Terry released the first Surgeon General's report on tobacco and concluded that smoking cigarettes causes lung cancer. This coming January will mark the 50th anniversary of this historic document's release. Since then, smoking prevalence among U.S. adults has been reduced by half. Although 43 million American adults continue to smoke, the federal government strives to be a leader in improving health by making Tobacco Free Living one of its seven National Prevention priorities. ([www.surgeongeneral.gov](http://www.surgeongeneral.gov)) The National Prevention Council's Annual Status Report (2013) demonstrates how each of the departments and agencies that are a part of the National Prevention Council are progressing towards improving our nation's health and well-being. The Report includes several major announcements including the new Uniform and Appearance policy from the US Public Health Service (PHS) Commissioned Corps. This makes the Corps the first Uniformed Service to prohibit tobacco product use or smoking while in uniform. This policy will go into effect on January 1, 2014. The Office of the Surgeon General and Corps leadership would like to provide effective tobacco cessation advice and resources so that PHS officers who choose to stop using tobacco products will be fully prepared to do so with the most effective means possible. There are many online smoking cessation resources available to active duty members through TRICARE at <http://www.tricare.mil/quit tobacco>. This website offers four ways to break the tobacco cycle:

- ⇒ Web-based education materials including quit plans and calendars whereby you can create your own strategy and track your progress. Also available are live chats that are confidential and available 24 hours a day, 7 days a week, including weekends and holidays to answer questions and help you stay on track. A free text messaging program can motivate you; games can distract you when you crave tobacco, and you can find blogs, articles and education materials about smoking.
- ⇒ Smoking quitlines. TRICARE's toll-free tobacco cessation quitlines are available 24 hours a day, 7 days a week, including weekends and holidays.
- ⇒ TRICARE covers smoking cessation counseling from any TRICARE-authorized provider in the United States if you want to quit smoking, even if you have not been diagnosed with a smoking-related illness. TRICARE will cover two quit attempts per beneficiary per fiscal year. A third quit attempt in the same year may be covered with physician pre-authorization.
- ⇒ TRICARE covers smoking cessation medications, including prescription and over-the-counter (OTC) medications, to help you quit smoking. Covered smoking cessation medications are available at no cost through the TRICARE Pharmacy Home Delivery and military pharmacies. Smoking cessation medications are not covered at retail pharmacies. Covered smoking cessation medications are available in the United States for all beneficiaries age 18 and over (who are not eligible for Medicare). You must have a prescription from a TRICARE-authorized provider for any smoking cessation medication, including OTCs. You don't need to be diagnosed with a smoking-related illness to use smoking cessation medications.

Whether you are in or out of uniform, part of being a USPHS officer means that you project health and wellness. Even so, sometimes we need help to kick bad habits such as smoking and TRICARE offers some useful tools to do so. As we approach this 50th anniversary of the Surgeon General Terry's Report on Smoking and Health, we are reminded of the significant progress that has been made in decreasing smoking prevalence in the United States. The Corps is actively setting the example of how to guide our nation in improving health and saving lives.

## Physical Therapy Month Message:

By CAPT Scott Gaustad



Each October the American Physical Therapy Association (APTA) commemorates the National Physical Therapy Month for our country. The commemoration is designed to recognize the impact that physical therapists and physical therapist assistants make in restoring and improving motion, function and overall wellness in the lives of the American Public. As a part of the larger force of Corps officers, our Physical Therapists embrace the core values of its profession.

Physical Therapists are vital to our Nation. They are uniquely positioned within various federal agencies to serve the most at risk and underserved populations in the provision of care with the science of movement. Physical Therapists touch and improve the lives of people in so many ways that are unique and commendable. The "Fit After 50" Move Forward campaign aligns very well with the National Prevention Strategy to improve health and well-being of the American public.

Physical Therapists also provide invaluable effective and per-

sonalized care for people living with diabetes, recovering from strokes, falls, sports injuries, burns, amputations to achieve a maximal functional outcome for all. Because of the specialized education in a variety of sciences – physics, human anatomy, kinesiology, pathology to name a few – physical therapists understand how the body works and how to manage all four of the body's major systems – musculoskeletal, neuromuscular, cardiovascular and pulmonary, and integumentary – to restore and maximize mobility and function.

Physical Therapists do assist in mitigating the unmet healthcare needs of those in our communities. Physical Therapists are health care professionals who reach out to those who are most vulnerable. Whatever the specific role may be, their tireless efforts exemplify the mission of the Corps to protect, promote, and advance the health and safety of our nation.

# Environmental Health Training in Emergency Response



Submitted by Captain Mark Miller, Environmental Health PAC

The nation's environmental health workforce faces critical challenges in training and other key issues. Emergency preparedness and response training is particularly urgent, with several assessments identifying the need for such training as a critical gap.

To help meet this need, the Centers for Disease Control and Prevention (CDC), Environmental Health Services Branch (EHSB) collaborated with federal, state, and local health and environmental health partners to develop the Environmental Health Training in Emergency Response (EHTER)—Awareness Level course.

During emergency responses, federal, state and local environmental health professionals perform many critical functions, such as conducting shelter assessments, testing drinking water supplies, conducting food safety inspections, and controlling disease-causing vectors. Many of these functions may fall within the existing role of an environmental health professional, but an emergency event presents additional challenges and specific needs.

EHTER provides training on how to apply environmental health information in an emergency setting. EHTER's 10 modules focus on key environmental health issues and challenges for emergency response, such as food safety, water quality, wastewater disposal, shelter assessment/sanitation, vector control/pest management, responder safety, building assessment, solid waste/hazardous materials, radiation and environmental health response, and disaster management.

CAPT Mark Miller, senior environmental health officer in EHSB, recognized the need for comprehensive emergency training for EH practitioners in 2005. "Following the responses to the World Trade Center and Pentagon terrorist attacks in 2001, the anthrax releases in 2001-2002, and the numerous hurricanes in 2003-2005, I began search-

ing for courses and trainings that would help better prepare me for future emergency responses to environmental health issues in disasters," he explained. "With the exception of some hazardous materials response trainings, I was unable to find any consolidated or comprehensive courses for emergency response to environmental health areas, such as food safety, drinking water, wastewater, and vector control."

With the active support of Sharunda Buchanan, MS, PhD, then chief of EHSB, and CAPT Craig Shepherd, EHO, Chief Professional Officer in 2006, CAPT Miller began to design a program to meet this need. Other EHSB staff, as well as staff from the Agency for Toxic Substances and Disease Registry (ATSDR), National Institute for Occupational Safety and Health joined CAPT Miller to collaborate in developing the curriculum and modules for the EHTER course. External partners included EH practitioners from Florida, Kentucky, and California; the USPHS Environmental Health Officers Readiness Subcommittee; and the National Environmental Health Association (NEHA).

Shortly after the collaboration began, Martin Kalis, a public health advisor in emergency preparedness and response, joined EHSB and began working with Miller to engage more partners and find funding for the project.

The first EHTER pilot course took place in June 2006 at the NEHA 70th Annual Educational Conference & Exhibition in San Antonio, Texas. Other pilot courses followed during the next year in Georgia, Florida, Kentucky, and Kansas. Student feedback after each delivery helped to further improve the course.

In 2009, CDC's National Center for Environmental Health and the Federal Emergency Management Agency (FEMA) signed an agreement to deliver the EHTER Awareness Level course at FEMA's Center for Domes-

tic Preparedness (CDP) in Anniston, AL. This much-needed training is available to state, local, and tribal responders free of charge. The training is available to Federal responders on a space available basis, and federal responders are required to pay tuition and lodging. For additional information see the CDP website: <https://cdp.dhs.gov/training/program/s>.

Since its beginning in 2006, more than 2,500 environmental health practitioners and other responders have completed the EHTER course, and it continues to be an extremely popular course at CDP. In addition, since October 2008, more than 23,000 students have taken the EHTER course online on NEHA's e-Learning portal: <http://nehacert.org>. Post-training test scores among students have consistently shown marked improvement in preparedness knowledge when compared to pre-training test scores.

CDC's Martin Kalis and CAPT Mark Miller are the leads for EHTER. They continue to expand and improve the course to meet the needs of future participants. For more information on EHTER, see the EHSB website: <http://www.cdc.gov/nceh/ehs/eLearn/EHTER.htm> or contact CAPT Mark Miller (770-488-7652 or [mdmiller@cdc.gov](mailto:mdmiller@cdc.gov)) or Martin A. Kalis (770-488-4568 or [mkaalis@cdc.gov](mailto:mkaalis@cdc.gov)).

# Commissioned Corps Responds to Boston Marathon Explosions



By CDR Jeffrey Goodie, Scientist PAC

On April 15, 2013, two explosive devices detonated within the last mile of the 2013 Boston Marathon. A multiagency coalition led by the Boston Public Health Commission (BPHC) responded to meet the behavioral health needs of the community. Within 24 hours of the explosions, Regional Emergency Coordinators, a Health and Human Services (HHS) Incident Response Coordination Team (IRCT) and 20 Commissioned Corps mental health professionals from Mental Health Team 3 (MHT-3), MHT-2 and RDF 3 started to arrive. The team included two scientists: CDR Anne Dobbmeyer and CDR Jeffrey Goodie.



Boston Explosion Mental Health Team and IRCT members

Members of the MHT focused on providing psychological first aid, education, and promoting community resilience. Missions included behavioral health support to Boston Athletic Association administrators, volunteers and runners set up in multiple venues. Presentations and additional counseling supported personnel in community hospitals, colleges, emergency medical services, police departments, and a Red Cross family assistance center. In addition, members of the MHTs provided a supportive presence at large gatherings post event. By the end of the mission there were more than 1,000 encounters (defined as supportive contacts lasting approximately 10 minutes or longer).

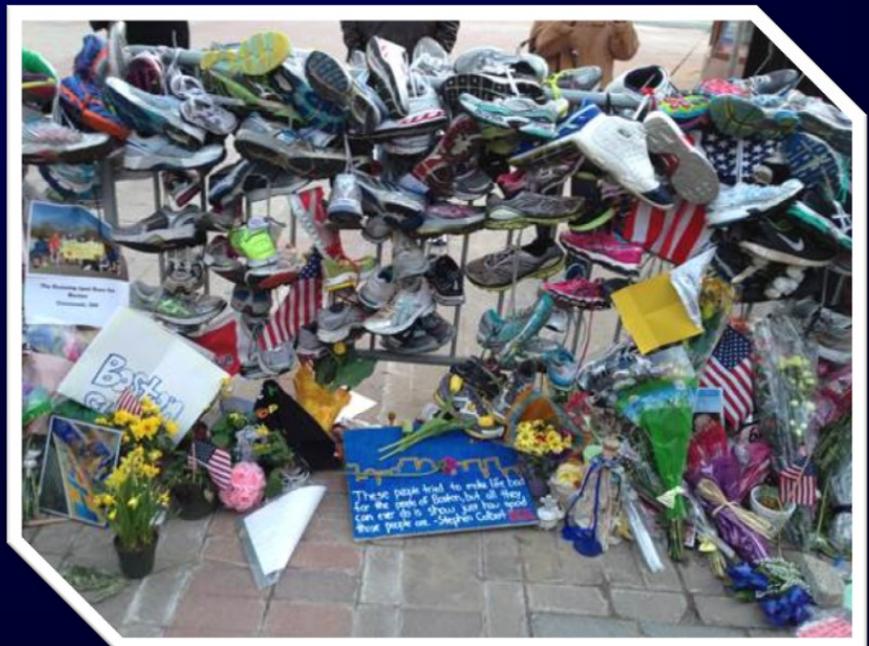
As one measure of the success of the team, the HHS Regional Health Administrator for Region I Betsy Rosenfeld wrote: "I have heard from a variety of officials that the entire HHS team struck just the right tone of expertise, humility and accessibility - which made the city and the state comfortable actually asking for help, and very pleased with the results when they asked."

work with the Boston Public Health Commission, the Massachusetts Departments of Public Health and Mental Health, and non-governmental organizations, to identify the needs of the community.

The organization of the team was modeled after the structure implemented with MHT-4 and the response to the shooting at the Sandy Hook Elementary school. Regional Emergency Coordinators from HHS's Office of the Assistant Secretary for Preparedness and Response served as federal public health and medical officials to

The IRCT provided traditional leadership, logistical, transportation, finance, and communication support and included a position devoted to monitoring the behavioral health safety of all team members. As with the previous Sandy Hook Elementary school response, a subject matter expert in disaster behavioral health also deployed to assist the Regional Emergency Coordinators and IRCT. The MHT officers were led by CDR Dale Thompson from MHT-3 and represented members from the Health Sciences, Nurse, Physician, and Scientist categories.

Scientist category members have valuable skills to contribute to emergency and disaster responses. The Scientists deployed for this response were psychologists, who not only provided clinical interventions, teaching and training, but also were involved in the planning and coordination of the missions. Participating in deployment teams provides unique opportunities to support communities, states, tribal communities and the nation in times of crisis.



Shoes at the Boston Explosion Memorial honoring victims of the explosions

# National Parks, Amusement Parks, and Physical Activity

## A Ton of Sun and Fun!

By LCDRS Sonjia Howard and Monique Salter  
Junior Officer Advisory Group

### Get Out and Explore

Now that summer is here, consider planning an excursion to a National Park. As a CAC Card (DoD Form 1173) holder, you and up to three (3) of your dependents (over the age of 16), are entitled to FREE annual passes to visit America's Beautiful National Parks, which include fish and wildlife services. (Please note there is no charge for dependents under 15.) If you are 62 or older you qualify for a lifetime Senior Pass, and if you have a permanent disability you may qualify for a free lifetime Access Pass. These non-transferrable passes can be obtained in person at one of the numerous National Park Service sites. For questions about any of these passes, contact 1-888-ASK-USGS and press 1 (888-275-8747, option 1), or [mfedrepass@usgs.gov](mailto:mfedrepass@usgs.gov). Summer is a time to explore, relax, and learn. Take time to bond with family, friends, co-workers, and community by engaging in fun and fellowship. Just remember your sun safety protection! Here are sites of interest to inspire and discover:

Bureau of Land Management <http://www.blm.gov>

Bureau of Reclamation <http://www.usbr.gov>

USDA Forest Service <http://www.fs.fed.us>

National Park Service <http://www.nps.gov>

### Passion for Amusement Parks Is Not Just for Kids:

The 411 about Information, Tour, and Travel Information, Tour, and Travel (ITT) offices, also known as *travel centers*, are located within the Morale, Welfare, and Recreation (MWR) offices on most military installations. ITT is committed to offering uniformed service members the best possible travel services by experienced and certified staff. These centers have state of the art reservation systems and can assist you with most of your travel needs to include, but not limited to airlines, hotels worldwide, car rentals, cruises, tours, and Amtrak services. More importantly, ITT centers sell discounted tickets to local shows and attractions that include amusement and theme parks. Why not get the thrill of a roller coaster by visiting an ITT office near you to get discount tickets to your favorite amusement park? To find a military installation near you, click the following link: <http://www.militaryonesource.mil/>. Click *Installation Locator* and search by installation name or state, and then browse *View a Directory of Installations*. Once you have found an installation near you, the *Website* link will take to the Installations' official page. Once there, search for MWR/ITT/Travel and Information Center, etc. Be sure to utilize the Information Line if necessary. Now that you have the 411 on how to purchase discounted tickets – Get out and explore. GO roller coaster!

### Physical Activity for the Entire Family

If you want to kick off the summer with a new fitness plan or continue on a regimen you have already started, look no further than your local military installation. Most locations offer some form of exercise options for the entire family. If you visit your local installation, you will likely find a full-service gym with amenities such as aerobics classes, swimming lessons, basketball, and tennis courts. If you are interested in intramural sports, there are even opportunities such as co-ed softball and racquetball. For additional information on fitness options located on a local military installation, reach out to your local military installation by telephone or visit in person.

Are you a walker, mud runner, or marathon runner? There are races across the nation, hosted by civilian organizations and branches of the uniformed services, throughout the year. For instance, the well-known Marine Corps Marathon is held in October of each year. Other examples of races, walk/run events are:

The Army Ten Miler; Susan B. Komen Race for a Cure; Rebel Race; Military Challenge; Tribute to the Military; Act Today for Military Families; and Second Annual Military Appreciation 5K Walk/Run. There are so many opportunities to get and maintain fitness. Be creative in your search and remember fitness is fun so “walk” and “run” together!



L to R: LCDR Loren Rodgers, LCDR Marydale Op-pert, CAPT Diana Bensyl, LCDR Bryan Christensen, LT Matt Lozier and CDR Mike King

# Achieving Work Life Balance as a PHS Officer



By LCDR Donna Phillips, Health Services PAC

Above and beyond our professional roles at our respective agencies, careers in the PHS require Officers to meet and maintain certain benchmarks in order to demonstrate officership and readiness for duty. These include deployments, maintaining physical fitness, volunteerism, organizational leadership, and professional development. However, meeting these additional requirements in addition to other responsibilities may at times seem daunting!

As PHS Officers... We Do Double-Duty!



Many of us work much longer than the required eight hour days. Likewise, many Officers do not disconnect from work once we leave the office. In an attempt to stay abreast of things in the office, we regularly check smartphone devices and email at home after leaving the office. While these advanced technologies give us flexibility and control over our schedules, they can also blur the boundaries of our work and personal lives.

## What exactly does work-life balance mean?

Work-life balance is a concept including proper prioritizing between "work" (career and ambition) and "lifestyle" (health, pleasure, leisure, family and spiritual development/meditation).<sup>1</sup> It is the idea of whether or not each of us feels we have enough time, energy, and money for our working life and personal life in a given day.

Work-life balance is an important concept for everyone to achieve, including:

- ◆ Those who work or have a job outside of the home
- ◆ Those with a spouse and/or children
- ◆ Those without spouses/children, but with interests outside of work

# Work Life Balance Continued

## Why is achieving work-life balance important?

Studies<sup>2,3</sup> show that perceived balance between work and life:

- ◆ Predicts overall well-being
- ◆ Increases job/life satisfaction
- ◆ Improves mental health functioning
- ◆ Decreases stress
- ◆ Improves family functioning

Each of us has a unique definition of work-life balance as it pertains to our individual circumstances. There have also been many misperceptions about the concept of work-life balance. Let's take a moment to debunk a few of these myths:

### MYTH 1

*Work-life balance only occurs when a person is able to devote equal amounts of time to both work and their personal lives.*

This is a big myth! In reality, the way that one achieves work-life balance is to realize that we each have a finite amount of time and resources in a given day. Knowing this, we must allocate our limited resources by making choices and setting priorities.

### MYTH 2

*Having work-life balance means that you get to do everything you want to do in a given day, week or month.*

Unfortunately, this is just not true. Regardless of what you need to accomplish, there are only 24 hours in each day. So even on days that you have a major deadline at work, have volunteered on a committee for the Corps, or on the day of your child's dance recital; the fact remains that there are only 24 hours in a day, regardless of the number of commitments you have.

So, what does that mean?

To achieve work-life balance, we each have to identify what we want out of our professional and personal lives and then prioritize accordingly. For instance, let's say you are a PHS Officer who has just been selected as a voting member for your Professional Advisory Committee (PAC), but you have also volunteered to lead a committee for the Junior Officers Advisory Group (JOAG). Achieving work-life balance for you may mean a decision to decrease your level of involvement in one of these committees and focusing on being a major contributor to the one that you feel more passionate about at that time. As another example, say you have made the decision to pursue an advanced degree or to expand your family in the next year. If this is your priority, then it may not be the best time to accept a new job that will require long hours and extensive overnight travel.

If you would like more information about how PHS Officers balance their work and life, then consider reading the new resource guide developed by the Career Development Committee of the Public Health Professional Advisory Group (PHPAG). The guide spotlights two PHS Officers who have been successful in achieving work-life balance, CDR Maria Benke and CDR Morrisa Rice. It also includes helpful tips and strategies on how to balance your responsibilities as a PHS Officer with your work and family lives. Finally, the guide includes suggested resources that may be useful if you ever find that your life is out of balance, such as the Employee Assistance Program, or books that you can read on the topic of resilience.

*The following tips and strategies are included on page 3 of the resource guide:*

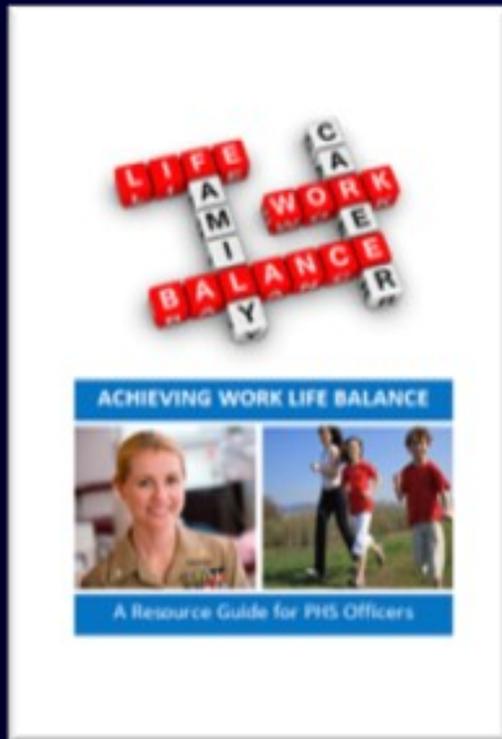
**Find a PHS Mentor** - to obtain guidance on career and professional development. A senior Officer may also be a useful resource for advice on balancing your PHS career with your personal life.

**Prepare a Family Care Plan** - This is one of the most important considerations of Officer readiness to ensure that your family is cared for during times of deployment. See the suggested resources on page 8 of the resource guide for more information.

**Learn to Delegate** - at work and at home. Don't let your finances get in the way! Look for high-school students who may want to do light housework or yard work for a reasonable amount of money. Consider ordering groceries online and have them delivered.

Concluded on page 19

# Work Life Balance Continued



Prioritize and Identify Time Wasters - Use your calendar to compartmentalize your day. Each morning, decide what you want to accomplish that day. Avoid activities that don't enhance your career or personal life.

Have Balanced Life Practices - Eat a healthy, balanced diet. Add exercise and stretching to your daily routine. Get proper rest. Laugh a lot!

Thought Stopping Techniques - When we're feeling particularly stressed or under pressure, our thoughts can get out of control. "Thought stopping" is a technique to interrupt a troublesome chain of persistent, nagging thoughts. You literally say to yourself "stop", take some deep breaths and reassess.

Know when to ask for additional assistance - If you find that your daily functioning is impacted greatly by stress or feeling overwhelmed, consider looking into employee health services or an Employee Assistance Program (EAP). They may also provide useful tips on their website. Having an objective, third party to help listen and brainstorm solutions can be very helpful.

To quote CDR Maria Benke:

"There is no magic formula; work-life balance is not an outcome but a process."

There is no precise method to achieve work-life balance. The key is to set your priorities and treat them as nonnegotiable; whether the priority is advancing to the next rank in your career, getting 30 minutes to exercise five times a week, or making sure you're available to meet your children at the school bus each day.

The intention of work-life balance is not to cram everything you need to do into one 24 hour time frame, but rather, it is to give yourself permission to make choices that work best for you!

\*\*\*To request copies of the resource guide, please contact me at [dnp7@cdc.gov](mailto:dnp7@cdc.gov).

## References:

<sup>1</sup>Work-Life Balance. (n.d.). In *Wikipedia*. Retrieved May 10, 2013, from [http://en.wikipedia.org/wiki/Work%E2%80%93life\\_balance](http://en.wikipedia.org/wiki/Work%E2%80%93life_balance)

<sup>2</sup>Greenhaus, J. H., Collins, K. M., & Shaw, J. D. (2003). The relation between work-family balance and quality of life. *Journal of Vocational Behavior*, 63(3), 510-531.

<sup>3</sup>Hill, E. J., Hawkins, A. J., Ferris, M., & Weitzman, M. (2001). Finding an Extra Day a Week: The Positive Influence of Perceived Job Flexibility on Work and Family Life Balance\*. *Family Relations*, 50(1), 49-58.

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## Upcoming Events

- PAC Meetings:

Dentists	11/22/13 at 1400 EST
Dietitians	11/21/13 at 1400 EST
Engineers	12/18/13 at 1400 EST
Environmental Health	12/10/13 at 1300 EST
Health Services	12/06/13 at 1330 EST
Nurses	12/20/13 at 1500 EST
Pharmacists	12/05/13 at 1400 EST
Physicians	11/19/13 at 1300 EST
Scientists	12/03/13 at 1200 EST
Therapy	12/20/13 at 1200 EST
(category meeting)	12/20/13 at 1200 EST
Veterinarians	12/05/13 at 1400 EST

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