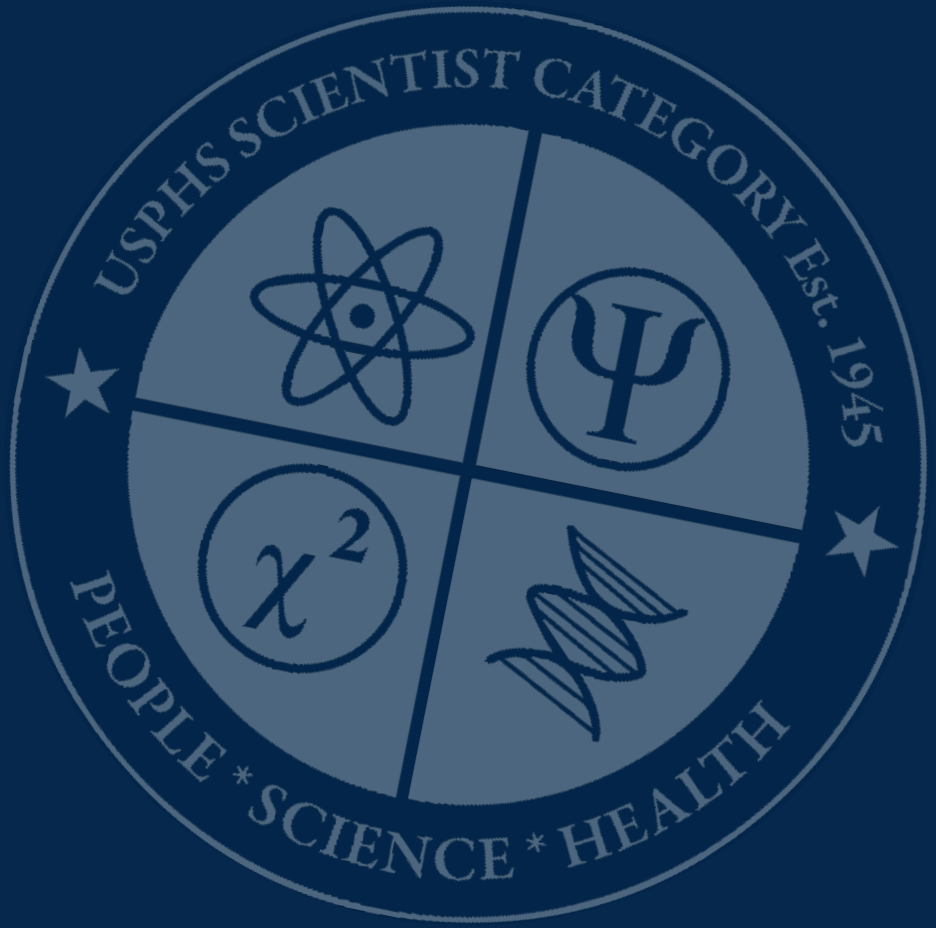
The Scientist Officer



Volume 13, Issue 3

Spring Edition 2020

Contents

Thank You, Scientist Officers

By CAPT John J. Eckert

Let me preface this message by noting that we should keep the data below in mind as we highlight our work to understand and control the spread of the SARS-CoV-2. As I finish my message on April 30, 2020:

Location	Confirmed Cases	Deaths
Worldwide	>3.21 million	>228,000
United States	>1.07 million	>61,700

Source: Johns Hopkins University Coronavirus Resource Center

We have heard leaders and laypeople use the term "public health" more in the past six months than over the past 20 years collectively. The COVID-19 pandemic has validated the wisdom of our predecessors who established the only uniformed service in the worlds that is dedicated to public health. It has also provided a stark example of why it is no longer called the "U.S. Marine Hospital Service" – simply stated, this is not a response that is focused on clinical interventions. While clinical providers are working tirelessly to care for those infected, from the outset, it was clear that time-tested, non-pharmacological public health interventions were going to be essential to preventing uncontrolled spread of the SARS-CoV-2 that would otherwise overwhelm the clinical infrastructure.

The centrality of scientific inquiry to a ***comprehensive*** Public Health Service was recognized long ago, and it has been demonstrated once again over the past six months. Surveillance, research, regulatory, advisory and mental health services activities are revealing to the world the breadth and depth of this pandemic. Once again, Scientist Officers are at the forefront of the Service in each of these activities and are impacting the global response. This virus, and its variants will be with us for the foreseeable future; however, our efforts should leave us better prepared to respond to its resurgence.

In the coming months, the specific contributions each of you has made to quenching the effects of SARS-CoV-2 will become publicized and recognized. Among other things, Scientists are:

> Providing data-driven advice to the Nation's policymakers; monitoring for emerging hotspots, and redirecting response resources; offering clinical care, including psychological support to those in need; reviewing requests for emergency use authorizations, and facilitating clinical trials; and conducting and managing the clinical investigations into therapeutics and vaccine candidates.

I am very proud to be a Scientist Officer in the U.S. Public Health Service, and to be able to tell family and friends that I work with some of the most talented and dedicated public health professionals in the world. Our Category has rigorous appointment standards. Your performance this year has reinforced the significance of maintaining them. Thank you for all you do!

Very respectfully,
John J. Eckert, PhD, CIP
CAPT, Chief Scientist, USPHS

Scientists Officers Deploy to San Francisco International Airport Quarantine Station for the COVID-19 Response

By CDR David Huang and CDR Cara Halldin

In January of this year, the United States began restricting international flights from China to counter the spread of COVID-19. International airports across the country were put on alert, and U.S.-bound travelers who had been in mainland China within the previous 14 days were funneled to one of the 11 international airports for additional screening: New York–John F. Kennedy (JFK), Los Angeles (LAX), San Francisco (SFO), Atlanta (ATL), Chicago–O'Hare (ORD), Seattle-Tacoma (SEA), Honolulu (HNL), Washington–Dulles (IAD), Newark (EWR), Dallas-Ft. Worth (DFW), or Detroit (DTW).

Working with staff in Customs and Border Protection (CBP), CDC staff permanently assigned to existing Quarantine Stations (QS) at these 11 airports were augmented by surge staff, including civilian employees, PHS Commissioned Corps Officers, and contractors to meet the heavy demands of identifying potential COVID-19 patients among thousands of arriving passengers each day. Processes for screening and triaging passengers, either at the arrival gate or during the customs and immigration process, were established in January and later evolved as circumstances changed—for example, when Boston (BOS) and Miami (MIA) airports were added and when screening criteria expanded to include travel to countries other than China.

CAPT Fuyuen Yip, CDR David Huang, and LCDR Pilgrim Spikes at the SFO QS.

Officers Assist with Three Levels of Screenings

During February and March, several Scientist Officers were deployed to the CDC Quarantine Station at SFO, a major gateway to Asia and hub for United Airlines, to assist with the COVID-19 response. These Officers included CAPT Fuyuen Yip, CDR Cara Halldin, CDR David Huang, and LCDR Pilgrim Spikes. CAPT Fuyuen Yip, CDR Cara Halldin, and CDR David Huang were assigned to serve as secondary/tertiary screeners, with CAPT Yip and CDR Halldin also serving as shift leads.

During primary screening, Customs and Border Protection Officers in the Federal Inspection Area could flag passengers arriving from international destinations that did not have pre-clearance. Those flagged were first asked a few screening questions and then observed for any visible signs of COVID-19 symptoms to determine whether they should undergo secondary or tertiary screening. Secondary screening included demographic questions, more detailed questions about the passenger's travel history and COVID-19 symptoms, and a temperature check. Tertiary screening involved more thorough questioning, with signoff by a Quarantine Medical Officer.

In some situations, such as flights arriving from destinations with CBP pre-clearance or situations where an entire flight needed to be screened, these screenings were performed at the gate. This involved working with airline staff to ensure the screenings were conducted in an efficient and safe manner.

Whenever possible, screenings were conducted in English; however, some passengers required translation, particularly on flights arriving from Asia, with Mandarin and Cantonese being the most common languages needing translation. As a result, CAPT Yip (Cantonese) and CDR Huang (Mandarin) conducted some of their screenings in Chinese, as did other deployers with fluency in a foreign language. As a last resort, screeners had access to a professional translation phone service to conduct screenings. All data were entered into a centralized system, including contact information for state and local departments to follow up on passengers who met the criteria for a 14-day recommended self-quarantine upon arrival at their final destination.

(CONTINUED ON PAGE 5)

Scientists Officers Deploy to San Francisco International Airport Quarantine Station for the COVID-19 Response

By CDR David Huang and CDR Cara Halldin

Officers Take On Key Roles in COVID-19 Response

LCDR Spikes had a very different role from the other Scientist Officers, serving as the primary logistic/administrative liaison between QS staff and deployed surge staff. His role included the complex task of scheduling staff to serve as passenger screeners (including Cantonese and Mandarin speakers), phone staff, and Quarantine Medical Officers across three daily shifts, 0700-1530, 1500-2330, and 2300-0730.

To add to the complexity of scheduling, surge staff were typically given one day off for every seven days they were deployed, which gave them time to rest, run errands, do laundry, and even visit local friends and family or do some sightseeing (before the six Bay Area counties became the first in the country to institute shelter-in-place orders in mid-March).

Over the past few months, these and other Scientist Officers have certainly played a key role in passenger screening for the COVID-19 response at airports across the country. As one of many pieces of the response, airport screenings have provided unique opportunities for us to contribute to the response for the most significant pandemic we have seen in our lifetimes.

On his day off, CDR David Huang takes a break to ride a bike across the famous Golden Gate Bridge.

CDR Cara Halldin and CAPT Fuyuen Yip at the SFO QS.

(CONTINUED FROM PAGE 4)

RIST-NCR Officers Aid in Fighting COVID-19 at the Health and Human Services Secretary's Operations Center

By CDR Minglei Cui, CDR Jeannettee Joyner, LCDR Shiny Mathew, and LT Tramara Dam

The COVID-19 pandemic continues to threaten lives across the world. The outbreak started in December 2019, but it was designated as a pandemic by the WHO on March 12, 2020. As of June 4, 2020, more than 6.4 million people across 216 countries have fallen sick from the viral illness and at least 382,000 have died.

As Public Health Service Officers and America's health responders, Commissioned Corps has been fully activated to preserve public health and national security during this national and global health emergency. Out of 6,100 Officers, more than 1,800 have deployed in support of worldwide efforts to help mitigate the coronavirus' spread. Globally, Commissioned Corps Officers have been deployed in various functions—for example, strategic planning, assisting in COVID-19 screening at airports and ports of entry, and providing support for clinical trials to evaluate the safety and efficacy of investigative antiviral drugs in hospitalized adults diagnosed with COVID-19. In addition, the Officers have deployed alongside the U.S. Army to augment the clinical staff on military installations and local health care facilities to provide care and comfort to those in quarantine or isolation due to COVID-19.

As the first wave of responders for the Regional Incident Support Team-National Capital Region (RIST-NCR), 15 members were requested to deploy to the Secretary's Operations Center (SOC) in February 2020. The request was made by the Assistant Secretary for Preparedness and Response (ASPR) in support of the Department of Health and Human Services' (HHS) public health and medical response effort for the COVID-9 outbreak. HHS serves a critical role as the lead federal agency for the COVID-19 pandemic response. RIST-NCR Officers augmented staffing at the SOC in the Information Management (IM) section, the Planning section, and the Incident Management Team-National (IMT-National).

During the deployment, all Officers efficiently managed the heavy workload for 12-hours shifts in addition to long travel hours for several weeks. As Request for Information (RFI) managers of the IM section, RIST-NCR had an outstanding performance, processing an unprecedented number of RFIs (more than 200 RFIs) for internal and external stakeholders engaged in the response. These actions ensured that the questions from other federal agencies and response teams in the field were addressed in a timely manner, which was critical for this rapidly evolving situation.

A senior leader at SOC described RFI managers as "the quarterback that fields the most important parts of incident…there is no more important person than RFI manger". The IM staff's responsibilities also included preparing documents for the Senior Leadership Brief and monitoring social networks during this pandemic. RIST-NCR Officers also established tracking procedures, daily meetings with the Centers for Disease Control and Prevention, and Standard Operating Procedure to allow the next round of augmentees to perform their tasks with minimum onboarding time.

Officers of IMT-National collected data on positive COVID-19 cases, persons under investigation, and hospital bed availability. The data were then channeled to HHS leadership to make informed operational decisions, provide the public updates at press conferences, and develop a range of print and electronic deliverables.

(CONTINUED ON PAGE 7)

RIST-NCR Officers Aid in Fighting COVID-19 at the Health and Human Services Secretary's Operations Center

By CDR Minglei Cui, CDR Jeannettee Joyner, LCDR Shiny Mathew, and LT Tramara Dam

During the deployment, Public Health Service Officers were highly praised for their work and unwavering commitment to public health. Surgeon General Jerome Adams, who visited the SOC, also commended Officers for their effort in combating the COVID-19 pandemic. His visit was made public on his Twitter account at https://twitter.com/surgeon_general/status/1232103757418258433?s=12. The photo is also shown below (eight RIST-NCR team members in photo).

RIST-NCR: LCDR Carlos Gonzalez-Mercado (left 1, Pharmacist), LCDR Brutrinia Cain (left 2, Nurse), LCDR Linda Park (left 4, Pharmacist), LCDR Shiny Mathew (left 6), LCDR Scott Steffen (left 9), CDR Minglei Cui (left 10), CDR Jeannettee Joyner (left 13, Pharmacist), LT Tramara Dam (left 15, Pharmacist) responded to the call and served as augments in the Information Management section, the Planning section, and the IMT-National. The rest of officers in the photo are from other deployment teams and were staffed at SOC at the same time.

The deployment demonstrated how RIST-NCR Officers can augment critical command elements supporting the Federal government's response in providing care to the American people during the COVID-19 pandemic. Commissioned Corps Officers assisted with managing logistical challenges that arose from an increased need for medical care, coordinating the rapid construction of field hospitals to increase bed capacity, and organizing supply chains to help procure personal protective equipment. Through this deployment, Commissioned Corps Officers continue to demonstrate their dedication to protecting, promoting, and advancing the health and safety of our nation.

(CONTINUED FROM PAGE 6)

FDA Latin America Office Activities Regarding COVID-19

By CDR Michelle Rodriguez

Access to test kits to screen patients for novel coronavirus disease 2019 (COVID-19) and personal protective equipment (PPE) for health care workers is an issue all over the world – including Latin America – in the wake of the coronavirus pandemic.

Fellow scientist CDR Michelle Rodriguez currently serves as the Deputy Director of the Food and Drug Administration (FDA)'s Latin America Office (LAO), stationed in Mexico City. LAO has offices in San Jose, Costa Rica and Mexico and covers the 44 countries and territories that span Latin America, Central America, and the Caribbean.

Since there are no FDA-approved medical products for COVID-19, FDA has been invoking its Emergency Use Authorization (EUA) process to allow unapproved medical products or unapproved uses of approved medical products to be used in the current pandemic. These include a variety of diagnostic devices, personal protective equipment, ventilators, and other medical devices. CDR Rodriguez's office has been collaborating through two multilateral consortiums – the Pan-American Regulatory Drug Harmonization Network and the National Regulatory Authorities of Regional Reference – to efficiently provide information on the EUA program and new COVID-19 guidelines to regulatory authorities in Latin America.

LAO also collaborates with the Pan American Health Organization (PAHO)–the regional office for the Americas of the World Health Organization–about the EUA process and shares the publicly available technical information to complement PAHO's decision-making process about the purchase of test kits for distribution across Latin America.

CDR Rodriguez also serves as the sole FDA representative in the U.S. Embassy Emergency Action Committee in Mexico City, safeguarding and ensuring access to the supply chain of medical products in the United States and Mexico in coordination with the U.S. Department of Health and Human Services and other parts of the American and Mexican governments.

CDR Michelle Rodriguez, Deputy Director, Latin America Office, FDA

Scientists Respond to COVID-19 at the Health and Human Services Secretary's Operations Center

By LT Jessica Dunn and LCDR Scott Steffen

As COVID-19 emerged onto the international stage and became a global public health emergency, USPHS was mobilized to serve in key roles at the forefront of the U.S. federal government's response. Scientist Officers were well-equipped and ready to rapidly support our nation's fight against this virus in many different capacities, including at the epicenter of COVID-19 operations, the Department of Health and Human Services (HHS) Secretary's Operation Center (SOC). Scientists were deployed to staff various SOC functions during the early waves of the COVID-19 response, and more continue to backfill positions for the duration of the pandemic.

The SOC is the primary HHS emergency operations center and central point of the COVID-19 response. It maintains a 24-hour watch function for situational awareness of any emerging situation, nationally or internationally, and serves as the focal point for information collection, sharing, and analysis to facilitate the coordination of HHS preparedness, response, and recovery. Its operations are scalable to address the many aspects of COVID-19 while simultaneously addressing other unrelated incidents or special events. The SOC also establishes and maintains strategic situational awareness to support the decision-making needs of senior HHS leadership. Other roles and responsibilities of the SOC include resource support, allocation/prioritization, activation, mobilization, and tracking.

Since the beginning of this global public health emergency, Scientist Officers were deployed to planning, resource coordination, information management, and Incident Management Teams. Scientist Officers seamlessly integrated and adapted to a ferocious work pace and ever-changing operational dynamic while maintaining 12-hour shifts around the clock for weeks at a time. They worked to ensure personal protective equipment, personnel, medical supplies, and other resources were allocated and transported swiftly across the country and internationally to meet the needs of ongoing treatment sites and screening locations. In addition, they answered a voluminous amount of information requests and worked to ensure the most timely and accurate information was provided to senior leadership, including the White House, for tactical decisions. Scientist Officers, with their inherent ability to multi-task, to track/analyze data or resources, and to quickly learn and adapt met the challenge head-on and excelled.

The pinnacle of the SOC deployment was a surprise visit from Vice President (VPOTUS) Mike Pence, HHS Secretary Alex Azar II, and Surgeon General Jerome Adams. Meeting VPOTUS was a once-in-a-lifetime opportunity. This humbling moment for all officers emphasized the criticality of our missions and reminded us how crucial each of our roles in SOC were to the overall effort nationwide. The visit was captured by the press with two Scientist Officers, LCDR Steffen and LT Dunn, being front and center of a White House Publication online at https://www.thepavlovictoday.com/take-a-look-at-hhs-secretary-command-center-against-coronavirus/. A picture of LCDR Steffen and LT Dunn also appeared in The New York Times, which published an article on the magnitude of this public health emergency and the historic VPOTUS visit.

(CONTINUED ON PAGE 10)

Scientists Respond to COVID-19 at the Health and Human Services Secretary's Operations Center

By LT Jessica Dunn and LCDR Scott Steffen

As the two lucky scientists to be pictured, we are proud to have been deployed to the SOC representing Scientist Officers and PHS and participating in the nation's fight against the coronavirus pandemic. It is clear to us that these efforts will impact how the globe views COVID's impact on public health and will shape the future of pandemic preparedness and response. As Scientist Officers, we appreciate our unique, multi-disciplinary skill sets that are critically needed throughout this response effort. This unprecedented public health crisis has demonstrated how scientists have impacted the mission in many meaningful ways. This is the challenge for which we have prepared.

SOC staff prepare for the VPOTUS visit. Scientist Officers, LCDR Scott Steffen and LT Jessica Dunn, pictured front row. Photo by Al Drago/New York Times.

(CONTINUED FROM PAGE 9)

Lessons Learned: Incident Management Team (IMT)-4 Logistics Section COVID-19 Travis Air Force Base (AFB) Mission (February 2020)

By LT Suresh Jayasekara

On January 30, 2020, the World Health Organization declared the COVID-19 outbreak a public health emergency of international concern, which ultimately developed into and was declared a pandemic. The U.S. Department of Health and Human Services (HHS) declared the COVID-19 outbreak was a public health emergency on January 31, 2020. The mission was launched to support the evacuation of Americans and dependents from Wuhan, Hubei Province, China to Travis Air Force Base (AFB), California. These evacuees, 231 in total (185 adults and 46 children), arrived on two separate flights and were welcomed at Travis AFB. Evacuees were medically evaluated upon arrival and during their 2-week quarantine at the Westwind Inn on base.

Deployment roles

When the U.S. Public Health Service Commissioned Corps officers, deployed as logistics staff, arrived at the Westwind Inn on February 4, 2020, the Administration for Children and Families (ACF) team was conducting the in-processing procedures for the evacuees at the airport hangar area. Early the next morning, the evacuees were transported to the Westwind Inn.

The secured area (hotel area with completely covered fence) and the operation facility outside the secured area were already identified. However, it was determined that the following areas needed to be identified, defined, and information shared: facility information, details about other support branches, access to secured areas, communication (radios, network connections, print and copy capabilities), data tracking (spreadsheets on computers), and lodging arrangements. Roles and responsibilities were fluid and being defined for effective and efficient work. Everyone was eager to jump in and help. Once these decisions were made, the team was able to quickly understand their roles and the process.

The Logistics team was comprised of a Safety Unit, Supply Unit, Vehicle tracking/Property accountability, Facilities Unit, Inside Hotel Support, and Ground Support Units. There were many different agencies and teams involved in the mission including: Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), Administration for Children and Families (ACF), Veteran Affairs (VA), National Disaster Medical System (NDMS), Disaster Medical Assistance Team (DMAT), Disaster Mortuary Operational Response Team (DMORT), US Marshals, Department of Defense (DOD), United States Air Force (USAF), interpreters, and other teams that were critical components to support the mission.

Front (left to right): LCDR Kreger (Pharmacist), LCDR Valloric (Nurse), LCDR Cho (HSO), LT Jayasekara (Scientist), LCDR Graham (HSO), CDR Tran (Pharmacist), CDR Crowley (Pharmacist), LT Stracener (HSO), LCDR Imam (Pharmacist), LCDR Le (Pharmacist-not in the picture)

(CONTINUED ON PAGE 12)

Lessons Learned: Incident Management Team (IMT)-4 Logistics Section COVID-19 Travis Air Force Base (AFB) Mission (February 2020)

By LT Suresh Jayasekara

Nine officers were assigned to the inside hotel support team. Officers were from Rapid Deployment Forces (RDF-5), Capital Area Provider (CAP-5) and Roster B deployment teams, representing scientist, pharmacy, nurse, and health service categories.. Six officers were on day shift and three were on the night shift. With little guidance, our team carried out the needs of the mission until the logistics team had full services available. Following are some of the duties that we carried out:

- Accommodated evacuees with compassion and by promoting an environment of hospitality
- After authorization from Safety Officer or Food Safety Officer, received and distributed 750 guest meals (breakfast, lunch and dinner), snacks and beverages daily to 3 hotel levels
- Provided services to the guests: basic daily hygiene needs, troubleshooting technological difficulties, accommodating dietary needs, providing special request items for comfort, referring guests to on-site medical service for medical or prescription needs
- Established procedure with USAF and the US Marshals personnel to enable mail delivery to the quarantined guests
- Liaised with the cleaning company who provided linen services, waste disposal, and sanitation of hard surfaces
- Liaised with CDC to share information with ACF to connect guests with case management for travel arrangements
- Transported responders to and from the airport
- Compiled Standard Operating Procedures (SOP) and completed cross-training with the DMAT personnel

Large-scale group quarantine process is more complex than individual quarantine process. There are many agencies and teams involved in the success of the mission. COVID-19 Travis AFB Mission had an opportunity for improvements such as timing, better communications, and planning. With everyone's dedication and hard work, the U.S. Public Health Service Commissioned Corps officers deployed in February 2020 to Travis AFB to support the COVID-19 mission did phenomenal work that was above and beyond the call to duty.

Lessons learned:

- Complete all necessary trainings and obtain regular updates from leadership to stay informed
- Understand your roles and responsibilities to support your team and the overarching mission
- Be flexible in working with different personalities on your team and taking on different tasks that are outside of your profession
- Leverage your strengths to support your team members
- Have a chat with your team members and start networking
- Remember to take care of yourself and other officers
- Ask for help when you need it

Media coverage:

"*My 14 days in coronavirus quarantine weren't totally terrible. I found my confinement surprisingly agreeable.*"

-Chunlin Leonhard via The Washington Post

https://www.washingtonpost.com/outlook/2020/02/18/my-14-days-coronavirus-quarantine-werent-totally-terrible/

CDR Tran (Pharmacist) and LT Jayasekara (Scientist)

(CONTINUED FROM PAGE 11)

Spotlight on LCDR Leigh Ann Miller in the Frontline of COVID-19 Pandemic in Namibia

By CDR Yi Zhang and LCDR Leigh Ann Miller

During the current pandemic crisis of novel coronavirus disease 2019 (COVID-19), 1.07 million Americans have been confirmed as having COVID-19 and 61,700 deaths have been reported in the United States, 3.21 million people have been confirmed worldwide? with COVID-19 and 228,000 deaths have been reported worldwide. COVID-19 spreads easily and sustainably in the community ("community spread") in many affected geographic areas. The whole world together is at the war with the outbreak of COVID-19.

As Namibia is responding to the global COVID-19 pandemic, colleagues from the Centers for Disease Control and Prevention (CDC) have been supporting the country's response to fight this novel coronavirus disease, working with officials of Namibia government, helping with testing and tracing contacts, and developing strategies to better mitigate any potential outbreaks of COVID-19 in Namibia. One of our own Scientist Officers, CDR Leigh Ann Miller, who is the Associate Director for Science at CDC Namibia, is currently working side by side with her colleagues and collaborators on the frontlines of the coronavirus pandemic in Namibia. Let's meet the embassy's pandemic fighter, CDR Miller, and hear about her experiences in the interview below.

What is your role with regard to COVID-19?
I am the advisor to the Surveillance Team. Surveillance in outbreak response refers to tracking and counting what's going on with the outbreak. There are a variety of tasks, including contact tracing, data management, and compiling information into a daily SITREP.

What is the hardest part of this job?
The human part! People in general, especially people who are scared, do not always behave in ways that promote and protect public health. It is also difficult knowing that the people who will suffer the most are the most disadvantaged Namibians. If COVID-19 spreads into the informal settlements where people do not have sanitation or housing that allows for adequate social distancing, there will be heavy burden of disease.

What would you like the embassy to know about COVID-19?
You are part of the biggest public health intervention in our lifetime. Staying at home and social distancing protect you and the community, even when it's disruptive. The basics of public health (hand washing and social distancing) are our best strategies at preventing spread of this disease. Thank you for doing your part.

If you could give Namibia a message, what would it be?
Stay at home and stay healthy! I realize this is not economically viable for all Namibians, but for those who are able to stay at home, there is personal and communal benefit in doing so.

Have you found a lesson or learned something in this whole experience?
The dedication and long working hours of Namibians in the response show the pride people share. When it was Namibia's 30th anniversary of independence, people showed up to work for their country.

From left to right: Tuli Nakanyala (CDC Strategic Information Advisor), LCDR Leigh Ann Miller (Associate Director for Science at CDC Namibia), and Ndatila Shiimi (CDC Administrative Staff)

[1] https://en.wikipedia.org/wiki/Template:2019%E2%80%9320_coronavirus_pandemic_data accessed on 04/30/2020

COVID-19 Response Policy Updates and Current Status

By LT Carrie Whitworth and LT Jayleen Gunn

Under the current "all-hands on deck" status for the COVID-19 pandemic, there are many important updates of which Officers need to be aware.

Deployment updates include the following:

Under Commissioned Corps Directive (CCD) 121.02, "Deployment and Readiness", the Secretary can order the deployment of Commissioned Corps Officers without supervisor approval for any emergency that, in the judgement of the Secretary, is appropriate for the deployment of members of the Corps. The Secretary has determined that COVID-19 missions meet that standard. Even Officers assigned to an HHS OPDIV/STAFFDIV may be deployed without supervisor approval for COVID-19 missions. Officers assigned to non-HHS Agencies will only be deployed in accordance with the Memorandum of Agreement/Understanding between the Commissioned Corps and the non-HHS Agency.

Officers who fail to respond to an urgent or emergency public health need may be subject to disciplinary action, including separation from active duty or termination of the Officer's commission, in accordance with CCD 111.02, "Disciplinary Action", CCD 123.01, "Involuntary Separation", and CCD 124.01, "Retirement".

An Officer who fails to meet or maintain the basic level of force readiness requirements is non-deployable (CCI 241.01, "Readiness and Duty Requirements") and may have his/her records referred for disciplinary action which could include involuntary separation or involuntary retirement from the Commissioned Corps in accordance with CCD111.02, "Disciplinary Action", CCD 123.01, "Involuntary Separation", and CCI 385.01, "Involuntary Retirement (20 Years)".

Uniform and appearance updates include the following:

The Commissioned Corps Instruction (CCI) 412.01 on "Uniforms and Appearance" states that "the Commissioned Corps Officer's Local Uniform Authority (LUA) can prescribe a different uniform if the situations warrants, such as attending and presenting at a professional conference. The LUA is the official with the authority to prescribe the uniforms which may be worn within a given area."

CCI 241.01, "Readiness and Duty Requirements", advises that "all Officers shall maintain all required components of the Service Dress Blue and ODU uniforms. Each uniform must be serviceable and worn properly. Officers who do not have these required uniforms may be denied the opportunity to deploy and may be subject to disciplinary action as appropriate."

RADM Susan Orsega sent an e-mail from Commissioned Corps Headquarters (CCHQ) mandating Officers in uniform wear cloth masks in public or in any situation outside of their residence where maintaining a distance of 6 feet from other people is not possible. These masks can be manufactured or hand made, but they must be a single solid color of blue, black, gray, or white. No designs or any form of decoration is allowed. Masks must be tied behind the head or held by ear loops and washed after each use. Please reserve the use of N95 respirators and surgical masks for medical personnel interacting with COVID-19 patients.

Surgeon General Jerome Adams posted a short video on how to create a mask (https://www.youtube.com/watch?v=tPx1yqvJgf4). Centers for Disease Control and Prevention (CDC) guidelines can be found at https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html. The USPHS Commissioned Corps authorizes this requirement under the "Protective Clothing" (Section 8-5) and "Special Purpose Gear" (Section 8-6) sections of the "Special Uniform Situations" policy, Commissioned Corps Instruction 413.01. Exceptions can be made by the Director of CCHQ for special circumstances.

(CONTINUED ON PAGE 15)

COVID-19 Response Policy Updates and Current Status

By LT Carrie Whitworth and LT Jayleen Gunn

Given the closure of businesses deemed non-essential, many Officers are unable to maintain grooming standards. In response to this, CCHQ recognizes Officers may be unable to properly maintain the authorized hair lengths and some grooming standards in accordance with (IAW) Commissioned Corps Instruction (CCI) CCI412.01, "Uniforms and Appearance," subsection 6-7a. Per the Surgeon General's recent announcement, relaxed hair length grooming standards will apply to the area of the scalp. This may also allow for additional hair length and bulk on the sides, top and back of the head, but at no time will relaxed grooming interfere with the proper wearing of head gear, covers and proper use of protective personal equipment (PPE) (helmets, masks, hoods, etc.). CCI 412.01 provisions regarding sideburns, hair styles and shaving requirements remain in effect. The relaxed grooming standards will remain in effect until 30 days after the end of the Public Health Emergency or sooner, as so ordered by the Surgeon General.

Suspension of annual requirements:

Another area affected by the pandemic response is the annual readiness requirements. Per RADM Orsega's announcement, effective 20 March 2020, the following three readiness requirements are suspended until further notice:

1. Periodic Health Updates
2. Basic Life Support training
3. Annual Physical Fitness Test

These three readiness requirements will be extended to the 30th day after the date the public health emergency is terminated. Additional details or further changes will be communicated to the Corps.

Immunizations must still be maintained and up to date for medical readiness. Officers, deployed or not, also must do their due diligence to ensure any professional licenses do not expire and follow guidance per State Licensure Boards.

(CONTINUED FROM PAGE 14)

A Day in the Life of a Scientist Officer Deployed to the Quarantine Station at John F. Kennedy Airport During the COVID-19 Outbreak

By LT Jayleen KL Gunn, LCDR Colleen Scott, LCDR Jessica Tomov, LT Amy Schuh, LT Roberta Horth, CDR Kamil Barbour, LCDR Elizabeth Irvin-Barnwell

It's a recent Wednesday afternoon at New York City's John F. Kennedy (JFK) Airport, and a surge team consisting of Public Health Service Officers and civilians prepares to meet the next plane. These teams, usually led by Scientist Officers, adjust their N95 respirators, put on gloves and face-shields, and set up computers to log information, as hundreds of passengers disembark their 15-hour flight on a 787 Dreamliner from mainland China.

The surge team greets small groups of passengers, distributes health information packets in English and Mandarin, and explains the procedures for at-home COVID-19 health monitoring. They also conduct quick plane-side health screenings before clearing passengers to travel to their final destinations. This process is repeated for 1–4 big flights per day, each carrying 100–300 passengers, and for hundreds of smaller flights every week, each carrying 1–50 passengers. Welcome to the city that never sleeps with the busiest international terminals in the world!

In the Customs and Border Protection transit lounge at JFK Airport, Scientist Officer, LCDR Colleen Scott, prepped and ready to conduct secondary screening of passengers arriving on a direct flight from China on March 7, 2020.

Every new deployer's first day starts the same. At 8:00 am, they find their way to a specified domestic baggage claim, call the JFK Quarantine Station (Q-station), and ask for an escort through alarmed doors that usually go unnoticed as passengers travel to their final destinations. In their hands-on training, they quickly learn that deploying on the JFK Q-Station surge team will allow them to walk through the labyrinth of secure airport doors and hidden hallways.

Their duties include screening passengers for COVID-19 exposure and illness, investigating all illness reports (including those that are not COVID-19 related), responding to calls on the Q Station phone, educating the public, and even giving directions on navigating the airport maze. Officers work day and night on shifts that can last up to 12 hours. At the beginning of each shift, they receive a brief pass-off from the prior shift with an update from a Quarantine Public Health Officer.

To date, 7 Scientist Officers with varying years of experience have deployed to the JFK Q Station with the COVID-19 surge teams. These surge staff members augment the permanent Q Station staff. They possess unique backgrounds and expertise in various disciplines, including virology, epidemiology, global health, chronic disease, emergency preparedness, mental health, and environmental health. These diverse skill sets, accompanied by a can-do nature, often mean these scientists are the first to volunteer for tertiary screening, lead large multi-disciplinary groups of surge team members, onboard new staff, and help ensure that everyone at the Q Station is adequately trained in the correct use of personal protective equipment (PPE; i.e. gloves, face shield, respirators, gown).

(CONTINUED ON PAGE 17)

A Day in the Life of a Scientist Officer Deployed to the Quarantine Station at John F. Kennedy Airport During the COVID-19 Outbreak

By LT Jayleen KL Gunn, LCDR Colleen Scott, LCDR Jessica Tomov, LT Amy Schuh, LT Roberta Horth, CDR Kamil Barbour, LCDR Elizabeth Irvin-Barnwell

Scientist Officer, CDR Kamil Barbour, walking through a practically empty airport terminal to conduct tertiary screening of a passenger arriving on a direct flight from the Schengen Region on March 23, 2020.

On a busy day, surge team members may leave the Q-station with a go-bag of PPE at 8:30 am for the first large flight of the day and return after 4:30 pm, having walked 5 or more miles and screened passengers in 3 different terminals. Working around the clock in shifts, Quarantine Public Health Officers and surge team staff still find time to get to know and learn from each other.

Working at the JFK Q Station has demonstrated that public health work is not done in isolation. We are thankful to our fellow PHS Officers from other categories and civilian counterparts for making the JFK Q Station a welcoming environment. We also want to acknowledge the CDC members of the Public Health Associate Program (PHAP) and the Quarantine Public Health Officers who have been at the JFK Q Station from the beginning of this response, imparting invaluable lessons learned to new responders. This experience has left us all better scientists and stewards of public health.

(CONTINUED FROM PAGE 16)

Winterhaven 2020: A Walk in Their Footsteps

By LT Suresh Jayasekara, LT Candice Karber (Social Worker), CDR Stephanie Felder (Social Worker), LCDR Yen Anh Bui (Pharmacist), and LT Hiwot Kesi (Pharmacist)

The annual Winterhaven Homeless Veteran Stand Down was held on January 25, 2020, at the Veterans Affairs Medical Center (VAMC) in Washington, DC. During this event, the VAMC provided a whole host of services that included medical, dental, and psychosocial services, education opportunities, and HIV screening. Additionally, employment support and housing services were offered. The veterans received haircuts, boots, socks, t-shirts, winter blankets, coats, and personal hygiene items.

This is the fourth year that PHS has volunteered at this event, mainly due to the collaborative efforts of CDR Stephanie Felder and Mr. Walter Elmore. Hundreds of volunteers, staff, and community partners contributed and provided unique services. Among those volunteers were a total of nine eager and dedicated PHS Officers.

This year, the PHS team was tasked with distributing boots, socks, and t-shirts, as well as supporting inventory efforts of civilian volunteers. A total of 645 pairs of men's and women's boots, and over 1,200 pairs of socks were distributed to homeless veterans of varying ages and ethnicities, some with noticeable injuries and others with invisible daily challenges, like chronic mental illness and other health problems. This event is a yearly reminder that there is still so much more to do, and it starts with coming together as a community to show the commitment to serve and support our veterans.

LT Jayasekara joined the PHS team, led by CDR Felder and LT Karber, and experienced firsthand the overwhelming number (650+) of homeless veterans who come through the VAMC for this event. The gratitude expressed by veterans when receiving new boots and socks was immense. The more one gives, the happier one can become, and devotion to this opportunity is a way to give back. All veterans deserve our respect and care for their service to this country. LT Jayasekara stated, "I have decided to volunteer for the Winterhaven event every year." The PHS team is planning to assist with this event in upcoming years and hopes you can join us to support our veterans in 2021!

2020 Winterhaven Homeless Veteran Stand Down volunteers (left to right): Mr. Walter Elmore, LT Candice Karber (Social Worker), LT Suresh Jayasekara, LT Hiwot Kesi (Pharmacist), CDR Stephanie Felder (Social Worker), and LCDR Yen Anh Bui (Pharmacist)

The Scientist Officer Editorial Team

If you would like to submit an advertisement, announcement, article, or photo to *The Scientist Officer*, please contact the Editorial Team at **scipacnewsletter@cdc.gov**

Check out past issues of *The Scientist Officer* at **https://dcp.psc.gov/osg/scientist/newsletter.aspx**