



ENS Saomony Cheam
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Duty Station: Food and Drug Administration, Rockville, Maryland



This past summer I was a JRCOSTEP for the U.S. Public Health Service (USPHS), assigned to the Food and Drug Administration (FDA) in Rockville, Maryland. I reported to CAPT William A. Hess, who is a Pharmacist for the Medical Informatics Staff in the Office of the Center Director for the Center for Drug Evaluation and Research. Under the continual guidance of my preceptor, my eyes were opened to the variety of federal roles that pharmacists can play in promoting the public health of our nation.

My main project was working on the FDA's Substance Registration System (SRS), which is the primary lynchpin for FDA's Structured Product Labeling (SPL) initiative. Since SPL is available electronically (see <http://dailymed.nlm.nih.gov/>) and contains a variety of standardized data elements, it provides a number of advantages over traditional paper labeling. SPL will soon be the basis for electronic prescribing and reporting, as well as the basis for electronic health care clinical decision support systems. My assignment was to enter chemical structures into the SRS. In addition, I compiled spreadsheets of all foods and botanicals that interact with drugs; these foods and botanicals are currently being entered into the SRS. Once this is accomplished, all food-drug and botanical-drug interactions will be "machine-readable" through SPL. "How will this help people?" you might ask. Here is an example. When a doctor orders Lipitor, her hospital's clinical decision support system will understand that an interaction with grapefruit exists, and will be able to automatically notify her hospital's dietary department that grapefruit should be "held". This will avoid a drug-food interaction.



Living and working in the Washington D.C. metropolitan area provided me with the chance to attend Congressional hearings. The most memorable hearing that I attended was the one in which former Surgeons General C. Everett Koop, David Satcher, and Richard Carmona testified before the House Committee on Oversight and Government Reform regarding the vital mission and challenges of the Surgeon General. Through their testimonies, I learned from VADM Carmona that partisan political agendas often undermine the public health and well-being of our nation and that political appointees may try to silence necessary evidence-based scientific public health reports that simply don't fit into the political appointees'

ideological, theological, or political agenda. I was initially disappointed at the thought that some individuals in our federal government were prioritizing their own interests before the best interests of the nation and its people's health. However, I later found hope in the former Surgeons General testimonies that there was a group of people in the government dedicated to the mission of protecting, promoting, and advancing the health and safety of the Nation—the USPHS Commissioned Corps! And I was one of them! It was not until I spent a week living and working alongside USPHS Commissioned Corps officers that I was able to discover firsthand the truth of this statement.



Highlighting my JRCOSTEP experience was the opportunity to attend a 33-hour hurricane response training program at Camp Bullis, TX with the officers of the PHS-1 Rapid Deployment Force, Applied Public Health Team 1, and Mental Health Team 1. Before deployment, I completed Basic Readiness Level Training, which included independent online FEMA EMI Courses and Basic Life Support (CPR & AED) training, but nothing could prepare me for the Camp Bullis

experience. When we arrived at Camp Bullis, we were greeted by unexpected pouring rain. Since my poncho was buried at the bottom of my duffel bag, one could easily imagine my sorry predicament. Throughout the week, I found myself leaving my comfort zone and adapting to the world of officers and emergency response—saluting, flooding hutments, army cots, communal showers, communal toilets, MREs, and latrine duty. I felt safe with the familiarity of PowerPoint presentations and therefore enjoyed lectures on safety, military courtesy and basic disaster life support that occurred during the first few days. However, I was unprepared for the final twelve hour hurricane mass casualty exercise that ran until 3:30 am.



Our medical response teams were thrust into a variety of hurricane disaster scenarios and expected to perform as one unified team with little information amidst the chaos of



overwhelming simulated casualties, played by very enthusiastic Army enlistees (whom I must admit possessed commendable acting skills). As part of the Pharmacy Branch of the Operations Section, I worked alongside Pharmacist officers to retrieve, fill, and deliver medications to the simulated hurricane casualties in a hospital facility that we had to augment, and in a Federal Medical Station that we had to establish. One memorable scenario during this training was to form

medical strike teams to complete a community assessment. Searching the mock

community homes for simulated hurricane victims was the first assignment. With about seven other officers that included a physician, nurses, and pharmacists, I found myself



inside a dark warehouse with boarded up rooms that had been set-up to simulate houses in the middle of a simulated thunderstorm. The visual effects of lightning flashes served as my source of light, and the thunderstorm sound effects only added to the urgency of evacuating these remaining simulated hurricane victims. Stumbling upon a house with the doorway entry blocked by a collapsed door post, I saw a

darkened room with two bodies that I believed to be mannequins on the ground between the fallen boards. It turned out that the group chose me to enter first.

Crawling through the collapsed boards, I saw two bodies lying on the ground, one underneath another collapsed door post. Suddenly, one waved his arms and cried, "Help my friend." Originally thinking that both of them were mannequins, in fright and shock, I jumped up and screamed, "It's a real person!" The real person struggling on the ground yet again repeated, "Help my friend." Regaining my senses, I attempted to pull out his "friend" from under the post. Finding the mannequin heavier than I predicted, I felt inadequate as I struggled to grasp him comfortably and managed only to drag him out an inch at a time. Previous training on how to transport a casualty without a litter and techniques such as the 'fireman carry' and the 'cradle-drop drag' techniques completely left my mind at the time. Somehow I was able to push and pull and maneuver him towards the doorway, where other teammates were waiting to help. However, even with the four of us, we struggled to move the mannequin — who weighed 165 pounds to simulate how heavy an unconscious body would have been. Only after a couple meters of transport, halfway from the destination, the training coordinator sounded that time was up, and we had to move on to the next task.



"Mission failed," rang in my mind. If this mannequin had been a real person, his fate would have been grim. Through this exercise, I realized that the biggest obstacle of emergency response for me was not the physical task at hand but the mental challenge of maintaining calm and rational amidst the submerging turmoil. Perhaps, we would have been able to transport that victim successfully had I stopped to reflect upon my



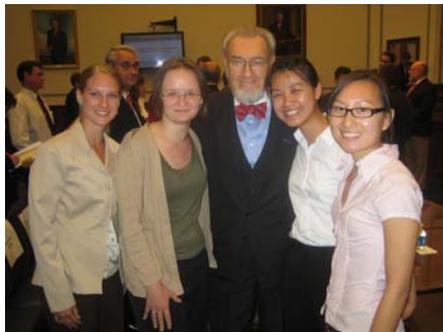
knowledge base and to quickly develop an efficient plan instead of heading into the task with sheer force and little thought, caught up in the urgency of the situation. If I had taken a minute to think before acting, I would have remembered that reducing friction between the casualty and the ground would ease his transport. Also, perhaps using my poncho as a makeshift litter would have caused a more

successful transport. If I had invested time in thoughtful planning early on, I would have saved time later in the execution of an efficient and successful plan.

Throughout this experience however, I met and worked with officers who succeeded at what I failed to do — remain calm and act wisely under pressure. From the Command Staff down to the branch members, the officers cooperated and collaborated towards a successful mission and accomplished the tasks set before them. I was working alongside officers that had served in natural disasters such as Hurricane Katrina. Impressed by their dedication, I met one officer that insisted on attending the training even though she was undergoing physical therapy and expecting to receive knee replacement surgery in the next months.



A gentleman once said to me, “The person you’ll be in ten years are the people you meet and the books you read.” Learning of the experiences of the pharmacists, the students, and the officers that I’ve met this summer, I have gained so much from the meetings and the conversations. I will surely miss the atmosphere of the people I’ve met here at the FDA and through the USPHS Commissioned Corps—a group of people who are fulfilled by a work that uses their gifts and passions to serve the American people’s health and safety.



ENS Saomony Cheam
Pharm.D. Candidate
Class of 2010, Philadelphia College of Pharmacy