

Non-Clinical Career Opportunities For Physicians in the Federal Government

Edited Transcript from SEAK's 2025 Virtual Non-Clinical Careers for Physicians Program

Moderator: Our next presentation is one that I always find fascinating, and we're very pleased to have a presenter that's presented for us many times before, and that is on **opportunities for physicians with the Federal Government. My head spins every time I hear this talk [because] there's so many different areas that doctors can get into non-clinically and also clinically with the Federal Government.** And we're very pleased to have Captain [JP Ahluwalia](#) as our presenter.

Dr. Ahluwalia is currently a Captain in the United States Public Health Service and in the US Public Health Service you can kind of get rotated to different agencies, and **he has really some very diverse experience in the Federal Government**, including working at the **FDA as a Safety Officer as a Drug Safety Reviewer** for a number of years, being **the Chief of Occupational Medicine for the United States Coast Guard**, and currently working at a niche agency, which will talk a little bit more about where they do the **vaccine injury claims** and things like that.

Previously Dr. Ahluwalia served his country as a medical officer, spent years in the Army, including a tour with the 82nd airborne division in Kandahar, Afghanistan.

He is a Fellow of the American College of Occupational and Environmental Medicine, a Fellow of the American College of Preventative Medicine and Board Certified in Public Health and General Preventative Medicine.

The reason he's smiling over there is because he received his BA and MD From Ohio State - congratulations to the Buckeyes - and his MPH from John Hopkins. Please let's welcome Dr. JP Ahluwalia.

Dr. JP Ahluwalia: Thank you, Jim, for that for that kind introduction. I'm JP Ahluwalia. I'm a preventive medicine physician, and I'm happy to be speaking to you all about opportunities for physicians in the Federal Government.

So I'm going to start with just a standard disclaimer because I am a government employee. This presentation is being given in my personal capacity, and the opinions here are my own, and do not reflect those of my agencies or the Federal government in general.

The introduction that Jim gave went through a lot of this, but I am from Ohio, and so I went to Ohio State University for my education, and before entering medical school I signed a contract with the US Army for this program called the **Health Profession Scholarship Program**, where they would pay for my medical education, and then I would have some years of active duty with them, and that's a very popular way of entering the military as a physician.

And so I was on active duty in the army for [a number of] years, and after that I've been in the US Public Health Service. I'll talk a little bit about the differences between civil service and military service and the public Health service as we move on.

So let's sort of get into the details and talk about the categories of employment [for physicians in the federal government]. For the purposes of this talk I'm really going to focus on the Civil service. And so there's really [two] main ways of being employed by the Federal Government. That's either the Civil Service or the uniformed services, and **the uniformed services include being on active duty in the military or being in the United States Public Health Service.** But the **Civil Service is what most people think of as Federal workers, and they're paid according to something called the general schedule. And so sometimes, especially around Washington, people will say that they have a GS position. So our focus is really going to be on that.**

There are many other ways of sort of working adjacent to the Federal Government, or in support of the Federal Government that are outside the scope of this presentation, but might be helpful in forming ideas for those who are looking for other career opportunities and so, first and foremost, would be **politically appointed positions. Now within the Federal Government, particularly in the Department of Health and Human Services, there are many politically appointed positions in leadership, particularly that require having a medical degree** and politically appointed positions are given out, based on a person's sort of personal relationship with the administration - sort of knowing how to get your CV in front of the right people. So they select you. And those positions can be very fulfilling and have a high impact. But they are outside the scope of this presentation, because they're all sort of one offs in one way or the other.

I'm also not going to be talking about contractors. **The Federal Government uses contractors in many different ways, and for a lot of medical functions, either clinical or non-clinical. There are physician contractors who staff Federal facilities.**

And then there's contractors who support government projects, and many of those projects are medical in nature or health related in some way. Some of these companies are actually extremely large, but people outside of the Washington area may not be very familiar with them, because they almost exclusively provide contracting services for the Federal Government. **And so if you go to the websites for some of these companies, it is possible to find job listings for physicians to support the Federal Government in a contract role.**

And then, finally, I'm not going to be talking about **companies who guide other private sector companies through Federal processes, and the main one here would be in drug development.** And so drug development involves having physicians who work at the FDA. But it also involves physicians who work for the pharmaceutical industry, and then alongside that

there's almost like [an] industry that specializes in regulatory affairs, which is sort of how you get a product, particularly from a smaller pharmaceutical company through the regulatory process. And so [Quintiles](#) is an example of a company like that.

So those are all for idea formation. But we're going to focus on the Federal Government and Civil service [for physicians].

So let's talk about some baseline expectations. I want to be very upfront about certain things, so that we can answer some questions quickly about those. **First and foremost, for Federal employment, you must be a US Citizen. Now, I think there are a few exceptions, but for the most part, to be a Federal employee you must be a US Citizen.**

You must also hold a medical license from any State or jurisdiction in the United States. Many of the positions that we're going to talk about are non-patient care. However, the requirement for the job is still to have a medical license in the US. There are some number of (a small portion of) jobs available for physicians in the Federal Government that do not require medical license, but for the most part they do.

Almost all of the work [for physicians in the federal government] is full time. The ability to do part-time work is very rare.

And so let's talk about salary. [Working as a physician in the federal government] is the public sector. We are talking about the government here. **So the salary [for physicians working in the federal government] is going to be below private sector rates, especially for the highest paid specialists who are doing private practice. There's going to be a pretty big differential if you choose to work for the Federal Government, so it can be a significant pay cut. However the salary [for physicians working for the federal government] is fairly competitive for primary care specialties in large cities.** I found in my experience that primary care physicians who work in large cities tend to have sort of lower than average salaries compared to physicians who are sort of in less metropolitan areas. And so when you take that into account, especially in Washington, DC. and Atlanta, Georgia, where there's a very large concentration of Federal physicians, the salary differential really isn't very much between primary care specialists in those cities versus Federal physicians the job listings, and we'll talk about how to find those all have salary bands.

There is the ability to negotiate to get a better offer [for physicians looking to work for the federal government]. If you're interested in Federal employment, pursue it, and you might end up getting an offer that works for you. It is possible to start at the highest level [of the government pay scale].

So let's talk about the benefits of Federal employment [for physicians]. Why would this be something that that could fit into your professional desires and needs? **And so, first and**

foremost, I would say, we're talking about public service, and so public service is sort of its own intangible sort of you're trying to do good for your community. Many people who go into medicine have sort of an altruistic interest in the kind of work that they do. And so this sort of goes along with that. There's a sort of an enjoyment of saying that you are doing work for the greater good.

Along with that comes loan repayment opportunities. Now, if you work for the Federal Government every year, you do that that is going to be eligible for public service loan forgiveness. Individual agencies will many times have their own loan repayment programs that can be even more generous. And so you might be able to get quite a lot of medical school loans repaid by signing on with a particular agency.

A second, big benefit is going to be easier to achieve work/life balance. This is full-time work, but full time work is defined as 40 hours per week, and I know that there are very few physicians in private practice who are working full time and say that they work 40 hours a week. And so if you're used to working [a long] week, and you take a position like this, you've got extra hours per week, and that's free time that you can use either for family or health and wellness. You might use that to moonlight or do telemedicine or some other kind of contract review work to sort of make up the salary differential that you might be missing from the job change.

There's no malpractice needed when performing job duties [as a physician for the federal government]. This is particularly relevant for people who take patient care jobs. So there's no malpractice. The vacation, the health insurance [and] retirement benefits are all very competitive. Work from home is available in many agencies. This was really turbocharged during the pandemic, but you know, with sort of differing political winds, some of that sort of comes and goes.

There's a lot of job security [when working as a physician in the federal government] particularly through Union representation, but also just the way that the statutes are written. You can have interesting colleagues from around the nation depending on what agency you're working for. **There's the possibility of mobility especially with locations. Many of these agencies have offices in different parts of the country or different parts of the world.** And so, if you so desire, you can move around. But you're never compelled to. And that's a big difference between the Civil service and military service.

You can gain skills that are highly valued outside the government. And so, you know, some people would say, maybe this is a version of the revolving door between government and the private sector. **But for physicians in particular, I would say one of the biggest opportunities for this is working for the food and drug administration. And so [physicians] who have some**

experience in drug regulation by working at the FDA are highly valued in the pharmaceutical industry. And now I used to work at the FDA. I knew some people who worked with me and now work at the pharmaceutical at a pharmaceutical company. However, you know, **working at a pharmaceutical company can be very different than working in the government, so it may or may not be a good fit for everyone.**

So I wanted to start a little bit with patient care in the Federal Government. And so I know that the interest and the focus for most people in the audience is to sort of get away from patient care. **But I would say that patient care in the Federal government is an interesting possibility to consider for a couple of reasons. First and foremost, the Federal Government is involved in running several different healthcare systems of its own that are sort of fully insured single payer. The biggest one that people are, I'm sure, aware of is the Veterans Health Administration. But beyond that there's health care that's being provided to the native American populations. There's health care, obviously for the military, that's different than for the veterans.**

There's health care that's provided for prisoners in the Bureau of Prisons System. And so these are all healthcare settings where **you're really not worried about pre-authorization. You're really not worried about billing,** and it can be an easier entry into the Federal government because these positions are sometimes more frequent, and it can be an easier transition into non-clinical work. I've had many colleagues who left full-time clinical practice, and then immediately went into sort of an administrative, non-patient care job, and they had a quite an adjustment period, because the pace of work and the type of work, and whether or not you feel like you've finished something in one day. That's a big, that's a big jump. So this can be a good transition. There's an opportunity to serve underserved populations. I have some examples listed there, some unique locations - doing patient care is a possibility, foreign embassies being highly desirable.

These agencies have patient care openings. **Once you're in the in the agency, once you work for the Federal Government, you can often move into an administrative position, and that can lead you down to a more non-clinical route in the future.**

So let's talk about the types of non-clinical Federal jobs [for physicians]. I'm going to talk about these in general, first of all, and then we're going to specifically talk about certain Federal agencies and what they have to offer, and then we'll talk about how you find these positions.

So first and foremost, [non-clinical jobs with the federal government] is going to be a lot of a typical like office work. It's going to be people that are at an office who have lots of meetings. They have documents they need to produce. And it's going to be an office type of job.

One of the primary types [of jobs for physicians in the federal government] is going to be program management. And so the Federal government is involved with running many types of programs that involve our healthcare system or touch on healthcare in some way. So, for example, I work in vaccine injury compensation. And so **my job is to sort of write expert opinions while looking at people's medical records about whether or not I think that there's some causality between a vaccine and the claimed injury.**

The CDC has a malaria consultation service where physicians will call in and ask like very specific clinical questions about their patients, and whether or not you know, they should be doing something about malaria management. There's opportunities to do data analysis in the National Center for Health Statistics.

The CDC also has a World Trade Center health outcomes program where there's physicians who are sort of involved with remotely monitoring the health of all the first responders in the September 11th attacks and sort of looking at their health outcomes over time.

There's many, many examples like this.

Another big bucket would be medical expertise in personnel offices, and so there's many different [federal] agencies who have a workforce that's in law enforcement or they have some other kind of reason to have health standards. And so, if you have a workforce that has some type of health requirements. Then you have to have a small office within the personnel office to make sure that those standards are being met that any sort of medical visits that those employees are going to are being documented so that they're always sort of in compliance with their standards. A lot of these happen to be officers who can carry firearms. And so **the Federal Government has very stringent medical standards for the types of medications you can be on if you're allowed to carry firearms.** And so those are all opportunities for physicians to be in those offices reviewing records

There's a lot of public health practice that goes on, particularly at the CDC.

Regulatory work is very common [for physicians in the federal government] - drug approvals with the FDA. CMS, the centers for Medicare and Medicaid services, obviously, everyone's aware of that agency because people are seeing Medicare and Medicaid patients. **But there are physicians who work at CMS to implement all of the rules that they are putting out.**

And then, finally, there's opportunities for research [for physicians working in the federal government]. The National Institutes of Health, for example, conducts a lot of its own research. But there are many physicians involved in reviewing proposals from outside entities, because the Federal Government is funding a lot of research as well, so that gives you an idea of the general buckets of job types available.

I'm going to spend just a couple minutes on the Civil Service versus the military just to be complete. The civil service and military are both ways of working for the Federal Government, but the military is a much more serious commitment. The contracts that you have to sign with the military are much more binding. There's a lack of control in terms of assignments and deployments. On the plus side public service and patriotism and serving your country is sort of you know, supercharged for being in the military. And so if that's the kind of environment that you're looking for, obviously the military is a perfect fit for that. And beyond that the military programs, the Army, Navy, Air Force in particular, have very robust recruitment benefits like the program that I mentioned, the Health Profession Scholarship program where they essentially will pay for all of your medical education. For people who are beyond that there's opportunities for very high sign on bonuses. They have very, very robust and generous loan repayment programs, but they do come with a very binding contract.

I will say that I had a fantastic experience in my years in the army as a preventive medicine physician, and I feel like the opportunities that I got and the colleagues that I met - it was all top notch. But I do know others who were with me that had not as good experiences, and a lot of that had to do with sort of losing autonomy in terms of making your own decisions about your career and where you want to work. And so there is some variability in the overall experience, and everyone sort of knows that intuitively. The military has a very generous pension. Benefits are vested much more quickly, and then finally, the military does have physical standards and age requirements for entry, and so not everyone will be eligible.

And then I'm going to spend just a brief couple of moments on the **US Public Health Service**. So the US Public health service is a uniformed service within the United States. And so it's analogous to being in the military, and you know they have ranks like my rank, is Captain similar to Captain in the Navy and even though many people in the United States are not familiar with the US Public health service, it actually has a long and storied history dating back to the founding of the nation.

We are officers who work in mostly health and human services Federal agencies. Alongside of our Civil Service colleagues, however, **we are called to deploy to domestic emergencies**. And so if there's a wildfire, or there are tornadoes or hurricanes, and there needs to be a rapid response with medical augmentation. The Public Health Service is there. The Surgeon General is sort of the leadership of the Public Health Service.

Let's move on to specific Federal agencies, and we can get into what all is available [for non-clinical jobs for physicians]. Now, **I would recommend that everyone, if they're interested in this, spend time on the agency websites, because you can get a lot of detailed information on the mission and the programs that various agencies have. And it's very hard to cover everything in detail.**

Let's talk about the FDA first. **So the FDA is the Premier US Regulatory agency for food and drugs and biologics, medical devices, tobacco products, cosmetics, veterinary products. About 20% of the GDP that the US is responsible for is somehow regulated through the FDA. And so it's a massive agency. It's split into different centers. So the biggest center is the center for drugs.**

The headquarters is in Silver Spring, Maryland, which is a suburb of Washington, DC. They do have offices all over the world, but those are primarily for drug inspections. **The bulk of the jobs are in the metropolitan Washington area.** But fully remote work is possible.

The FDA employs thousands of physicians of all specialties, and the primary work they do is bringing new drugs to market. And so the center for drugs in particular, is reviewing applications for therapies that apply to every type of medical specialty. **And so [the FDA] are in need of specialists of every kind. And so, looking at the clinical trial data, making a decision on the efficacy and the safety of a potential new drug, that is the majority of the type of work that physicians do at the FDA.**

It is possible to also do epidemiology and post-marketing safety work. That is the kind of work that I did when I worked at the FDA. So I looked at the safety of vaccines and other biologic products after they were already on the market, and I was reviewing adverse event reports.

And so for vaccines. In particular, there's a program called VAERS. The Vaccine Adverse Event Reporting System, and people can fill those out at home or through a physician's office. And there are people at the FDA who look at those.

There's also opportunities for physicians [at the FDA] to work in generic drugs.

The Centers for Disease Control and Prevention is the Premier US Public Health Agency. Obviously, it was very in the news during the pandemic, but beyond just infectious disease they cover chronic diseases, environmental health, occupational injuries, [etc.]. The CDC is heavily concentrated in Atlanta, but they have offices all over the world and physician jobs all over the world. There's physicians who are doing some type of disease surveillance in many different countries. And so these positions are mainly public health practice, epidemiology program management.

And I'm going to talk about the **Epidemic Intelligence Service**, because this is part of the CDC. And so what I often hear about the CDC from people who are looking for a job, but have no connection to the agency is that it's very hard to get your CV in front of the right people and to get hired as somebody who's just completely outside of that system. **The Epidemic Intelligence Service is a year training program that's probably more suitable for early and mid-career physicians, but it's sort of the gold standard for starting a career at the CDC.** They say it's the boots on the ground disease detectives. You have sort of a month long orientation

in Atlanta, and then the new officers are all placed in state health agencies all over the country, so you know you can probably not have to be very far from where you are. You get placed in state health agency in your State, and your job is to learn how to detect and manage outbreaks of disease. And it's a highly prestigious alumni network. Probably the best part is at the end of that year period, it's fairly easy to get a follow on assignment with the agency, and then, once you're in it, then you can continue to, you know, work there and maybe move around and get an overseas position. If that's what you're interested in.

Let's talk about some other agencies within the Department of Health and Human Services the National Institutes of Health. Obviously, they're responsible for a lot of research. And you can see just from the name it's Institutes of Health. **And so there is one institute for every different type of medical specialty sort of organ system kind of thing.** So obviously during the pandemic, the National Institutes of allergy and infectious disease - at that time headed by Tony Fauci, was very in the news and prominent, but there are institutes of health for cardiac, for cancer, for everything. **And so you can find a match with whatever specialty training that you have**

I work for the national vaccine injury compensation program. But we also have programs on leprosy, for example, and other programs on how to improve funding for certain medical specialties. So lots of things all over the board. There's some other ones there. I'm not going to go through all of them individually. But **I would recommend either starting with the Department of Health and Humans Human Services website and looking at all of their sub agencies** and see what they have to offer.

Now, it's interesting that beyond the Department of Health and Human services there are a fair number of physician opportunities available that people may not be thinking of and the first one is Homeland Security. And now **the Department of Homeland Security is an example of an agency that has other little agencies within it that all have populations of employees who have medical standards.** And so the Coast Guard is, you know, part of the military, but they're not actually part of the Defense Department. Coast Guard opportunities are mostly in patient care. **But there's a lot of flight medicine opportunities. Flight medicine is when you're really focused on maintaining the health of pilots and air crew and making sure that they continue to meet the standards so that they can fly.**

The Coast Guard has some administrative medical positions within their headquarters in Washington I had a couple of those.

Most of the physicians who work for the Coast Guard are in the Public Health Service, but they have some Civil Service openings as well.

ICE Health Service Corps basically means that that's the small healthcare system for the detainees. And so obviously, ICE agents are involved with detaining migrants for various reasons, and during that detention period they have access to health care. And it's done through these series of clinics where there's Federal physicians who are who are doing that now, ICE also has a workforce, and so there's an opportunity to work to maintain, to make sure that the health standards for the ICE agents are continuing to be met same thing with Customs and Border Protection. **TSA. Secret Service. So every one of these agencies has a lot of officers. Many of them are allowed to carry firearms, they have medical requirements that they must continue to meet, and so they have physicians who work in their personnel offices to make sure that that's happening.** Sometimes they need a waiver because they are temporarily on some type of medication that's incompatible with their service, and so they need some type of leave or something. Physicians are involved with all of that decision.

Bureau of Prisons is an agency that's within the US Department of Justice. And so they have their own healthcare system that's run by the Federal Government. And so this is mainly patient care for people who are in the Bureau of Prisons system. But there are administrative positions available, particularly like being a medical director.

State Department. People don't usually associate the State Department with doctors. The State Department has embassies and consulates all over the world, and the vast majority of these have clinics. And so there are patient care opportunities as medical regional medical directors all over the world. You're part of the diplomatic mission and you're responsible for taking care of the people who work in the Embassy and other Americans who are part of the diplomatic mission that are, you know, maybe part of a different agency that are there. There's many interesting benefits of being an American, but being part of a diplomatic mission in another country you get Embassy provided housing. You get free private school for your children. There's a tax advantage if you're living outside of the United States.

I put this last, because I think everyone is aware of the VA. **Working for the VA is mainly patient care jobs, but this can be a great way to get into the Civil Service, because the VA has locations all over the country, and they always have a need for more physicians. It's always easier to get your second job in the Federal government and subsequent jobs than the first one.**

So let's end by getting into a little bit of the nitty gritty about how you find these positions [for physicians in the federal government], how you can apply for these positions and what you can expect during that process. The website usajobs.gov is the Clearinghouse for all civil service positions. Now, this website is designed for every type of job and not just physician positions. And so sometimes it can be hard to sort through everything.

The Federal Government likes to use the word medical officer as sort of their way of denoting a physician, and I would encourage you to start searching every week. Sometimes these job postings are not available for very long. It doesn't take very long to do a search, especially after you've gotten used to it. If you're thinking about leaving your current position a year from now then, you should probably start the process of looking for a Federal job now, and sort of expect that it's going to take a year for you to go through the whole thing.

There is a security clearance involved that just involves filling out a questionnaire. And then, I think, you know, sometimes people have interviews or they have to give references.

The [Office of Personnel Management](#) is the sort of Hr. Manager for the Federal Government, and they have a lot of the details about Federal employment in general. Personal contacts can really help in finding positions. And so a lot of people think that certain parts of the Federal government are like black boxes when you apply with U.S.A. jobs, because maybe the job opening is a continuous opening, and they're just sort of collecting CVs. If you have a colleague, if you're able to find somebody at a medical conference that actually works at a federal agency that's hiring in a specific office that can be a much better way of getting your CV in front of somebody who's actually hiring. And then, you know, you're still going to have to fill out something in U.S.A. jobs. But at least you've been flagged as somebody that they should look at right away beyond U.S.A. jobs. I would encourage you to actually look at the individual agency websites, because sometimes they'll advertise things on there, and you won't be able to find it on U.S.A. jobs right away unless you search in a specific way or use the specific terminology that's on the individual agency website for what you're looking for.

And then, finally, US agencies also advertise on other sites and platforms. And so you want to search for medical officer or the agency name in LinkedIn or other websites.

Sometimes certain agencies have money to pay recruiters to help them fill many of these positions. A lot of physician jobs tend to always have some number of openings because physicians can, you know easily, you know, go back to clinical practice or move on to something else. The FDA in particular, you know, loses people to the pharmaceutical industry all the time.

I'll end by just doing a quick summary here. I'll say there's an amazing depth and breadth of jobs available just sort of seeing how many different parts of the Federal Government have opportunities for physicians, is really kind of remarkable.

Non-clinical jobs [for physicians in the federal government] run the gamut from regulatory to program management to medical advisory. So it's very easy to be able to spend many, many years or decades doing non-clinical work of different kinds in the Federal Government.

Finding these positions can be a little bit complicated. The first [job for a physician with the federal government] is always going to be the hardest, but once you're in the Federal government, it's much easier to move around. Search USAJOBS, attend conferences and network and if you are able to get a Federal job, then it's very easy to, you know either stay there. Most people are very happy with the job they get or move around, because once you're a Federal employee it's very easy to move around.

Many physicians enter the Federal workforce and never return to the private sector. Washington and Atlanta have a high concentration of Federal jobs. But there is an opportunity for remote work available.

And then, finally, if you're looking for military service or public health service, there are recruiters that are helpful to guide you through those processes because they are a little bit longer.

And so thank you for your attention, and I appreciate the opportunity to speak to you.

Moderator: [Is there call or weekend work required?]

A: I If you're doing, for example, a critical care, or some other kind of job that requires call, then that call time is factored into the 40 hour week. So you're never going to be in a situation where you're working 40 hours a week and then you're also on call. And if you go over that, do they like have you comp time or something? If you have to go over it. I think that that varies a little bit, I think mainly they try to. Most agencies are not really able to provide you overtime. And so then they just have to sort of change the schedule.

Q: And side gigs [for physicians working in the federal government]. You talk about people getting side gigs. **So I would imagine then you're implying that they're allowed to do side gigs expert witnessing, you know, maybe picking up some shifts in the ER and things like that?**

A: Yeah. **All sort of outside activity/employment has to be cleared with your agency's ethics office sort of, practically speaking, any like clinical work or telework. They just have to make sure that the kind of outside work you're doing isn't somehow like directly in conflict with the kind of work that you're doing in the agency.** So, for example, I do vaccine injury compensation. So I can't also be consulting for law firms that are putting in claims into the same program that I work for. So once the conflict of interest is ironed out, then, yeah it's very common for physicians in the Federal Government to have some kind of extra side gig.

Q: How does military pay compare with civil Service pay as a physician?

A: I think they're actually, they're roughly equivalent initially. If you're right out of Residency or you're fairly Junior, Civil Service pay is going to be higher than military pay, but then, if you stay long enough, then sort of at the end military pay is slightly higher than Civil Service pay. But

they're roughly equivalent. **In the US Public Health Service your pay [as a physician] is exactly the same as the military.**

Q: And now just curious. If you're willing to share you mentioned that the people in the United States Public Health service will make emergency deployments during disasters and things like that. Could you share some of the things that you might have done in along those lines?

A: Sure, yeah, that comes to mind that was particularly interesting and fulfilling was so right after the US pulled out all of its troops from Afghanistan. There was obviously, you know, sort of a humanitarian crisis as well, because the Taliban took over. And so there were many Afghan families who were able to get asylum or some other kind of status to the United States, maybe because somebody in their family worked as an interpreter or something for the US Military. And so though those families, those people, were evacuated from Afghanistan, and then they there was a program to resettle them in the United States. Before they could be sort of resettled and connected to community resources, they had to have sort of like medical examinations, and in particular they had to have make sure that they had all the right vaccinations, so that we didn't end up having some, you know, outbreaks of infectious diseases that are very common in the developing world, that that these people were probably prone to, because they probably had not been vaccinated, and so I had to go to a place just outside of Washington and spend about a week there, taking care of lots of families, and sort of going through their medical histories and their vaccination histories, and getting them the vaccines that they needed, so that they had the same vaccines that that we all got when we were children.

Q: What was life like in the United States Public Health Service during the pandemic?

A: It was **very, very busy**, so my job in the public Health service during the pandemic was to be the chief of occupational medicine in the Coast Guard, and so we were responsible for developing all the safety protocols for the Coast Guard, and then how the Coast Guard population was going to get vaccinated, and the Coast Guard is a law enforcement organization that is needed domestically on a daily basis to conduct its operations. Maritime operations, law enforcement operations. And so you know, these are situations where you have groups of people that are in close proximity, and they need to be out there working. And sometimes they're going to come into proximity with people that they're interdicting or arresting or helping in a way, if they're doing recreational boating kind of rescues. And so, you know, especially in the early days of the pandemic, it was very hard to come up with the best way of reducing their risk. But you know we had people that got COVID and we had outbreaks of COVID in small units, and then we were responsible for sort of letting the doctors that were locally there like understand what our protocols were at an agency level. It was very busy. It

was very fulfilling, and I had a great opportunity with working with colleagues from all over the country, but it was very hectic.

Q: Can you combine your years of service for the military and the US Public Health Service for the retirement benefits?

A: Yes.

Q: Okay. Now, the EIS for the CDC - stupid question is that a paid internship development program?

A: It is. Yeah. It's a year paid program. So the other good thing is, it's an application process with a predictable timeline. And so you can start the application process. And then you're going to know when the decision is made, and then you know that your start date is going to be in July of the following year. And so it follows a timeline that's very similar to what physicians are used to for other kind of training programs. But yes, it is a paid program. **But you know, the more junior you are, the more you're going to be able to think that that salary is appropriate.** When you get your follow on assignment, you'll get paid more than what you get paid during the training program.

Q: Would loan forgiveness, you think, be available with the EIS?

A: I don't think you can get loan forgiveness while you're in EIS. But what I mentioned was that if you want to be eligible, eligible for public service loan forgiveness, it just requires years of working for a nonprofit, and so that those years count as working for a nonprofit. You just need years for that. So those years would count towards that.

Q: And you're you mentioned licensing, obviously. How important are boards for you know, landing a job [as a physician in the federal government]?

A: Board certification is certainly going to make you much more competitive. But it's not necessary for every single position.

Q: And so the US Public health service. Obviously it's a uniform service, but it's not military service. How much choice do you get? And you've done your years with the vaccine injury program. It's time to rotate. And do you apply? Do they ask you what you think? Or they just say, Hey, your butt's going over here. How does that work in the Us. Public health Service?

A: Yeah. So the good news on that is, you have a lot of autonomy, a lot of choice in that. And so there are requirements for getting promoted up the ranks, and one of the pillars of getting promoted is showing mobility either in responsibility or geographic mobility. But that's the only sort of need for moving around. And so it's really up to the individual officer to decide when they want to go to their next duty station and initiate the process of looking for a job

and getting chosen for it. And then, once all of that happens, then they'll do the paperwork to make you transfer, but they're not going to make you transfer. And that's the big difference between the military and the public health service.

Q: Here's a really silly question, but a curious question, how often do you wear a uniform? You weren't once presenting for us, or maybe twice in person. **How often do you wear your uniform as a United States Public Health Officer?**

A: So before the pandemic. I used to go to the office every day, and so then you have to wear your uniform every day. But you know, during the pandemic, and since the pandemic we've had a lot more remote work from home, and so then I only wear it when I go into the office.

Q: And then the last question I have for you, as you mentioned as part of you know, finding a job, and [this] obviously would vary on the role that you're looking. For conferences to attend, any idea or suggestions on which conferences you know, a doctor thinking about transitioning or learning might want to attend for networking and learning purposes [if they were looking for a job in the federal government]?

A: So I would say first and foremost, look at your own medical specialties conference, and see if there's a military section. So many specialties have a sort of a small breakout, or maybe like a half day, where, like just the military doctors who are in that specialty put on a few presentations, and that can be the best way, because then you're already at a meeting that you would have been to. And you're talking to people who are in your specialty.

Moderator: Dr. Ahluwalia. Thank you again, and congratulations to your Buckeyes with a dominating season. Congratulations, and thank you again for this wonderful presentation.

Dr. Ahluwalia: Yeah, thank you so much, Jim.

© 2025 SEAK, Inc.