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In light of the ongoing COVID-19 pandemic, the National Institutes of Health (NIH) chapter of the Federal Asian Pacific American Council (FAPAC) hosted a virtual event on Thursday, May 28 for the Asian American and Pacific Islander (AAPI) community to come together to discuss topics such as targeted harassment, mental wellbeing, and adapting to life in quarantine. The two-hour webinar, titled "COVID-19: Facing the Pandemic as an Asian American and Pacific Islanders (AAPI) Community, a Virtual Conversation," was promoted through federal agencies as well social media. Nearly 300 federal employees and community members attended.

The webinar featured a panel of three main speakers: Rita Pin Ahrens, Executive Director of OCA – Asian Pacific American Advocates, a nonprofit advocacy organization dedicated to advancing the social, political, and economic well-being of AAPIs; Dr. Maryland Pao, Clinical Director of the Intramural Research Program and Deputy Scientific Director at the National Institute of Mental Health (NIMH); and Maryland State Senator Dr. Clarence K. Lam. The panelists gave presentations on the topics of “Protecting Yourself,” “Staying Strong/Building Resilience,” and “Serving the Community,” respectively.

“The idea is to try to give our community a platform to discuss some issues that everybody cares about,” NIH FAPAC President Dr. Xinzhi Zhang said. “The reason we have panel members is they’re actually bringing the necessary information for people to understand what is there, what could happen, how to deal with that.”

The panel also hosted Dr. Francisco S. Sy, Professor and Chair of the Department of Environmental and Occupational Health at the University of Nevada, Las Vegas School of Public Health, as a special guest. Sy, an infectious disease epidemiologist who led the CDC SARS Community Outreach Team in Asian communities in the U.S. during the 2003 SARS outbreak, opened the conversation with a presentation on the lessons learned from SARS and what can be applied to the COVID-19 pandemic.

Sy emphasized how this pandemic would not be ended by one “single magic bullet.” Rather, overcoming COVID-19 as a community requires various combined intervention methods, including testing, contact tracing, quarantine, proper handwashing, and social distancing.

“This pandemic shows us the good, the bad, and the ugly. It shows the positive and grateful attitudes of the people to our doctors and nurses and other healthcare workers, and also the first responders,” Sy said. “The bad and ugly side of it is the racism, discrimination, hate crimes that are increasing against Asian Americans. They’re being blamed for spreading the ‘Chinese’ virus from China.”
Addressing the rise in racism and harassment was a running theme throughout the webinar, and Ahrens discussed the subject further by bringing the conversation to how the AAPI community should respond to hate incidents. “OCA is part of a consortium of advocacy organizations that includes Stop AAPI Hate, Asian Americans Advancing Justice, South Asian Americans Leading Together, and AALDEF that have collectively received over two thousand reports of hate incidents related to COVID-19 since January,” she said.

Despite the number of reports to advocacy consortiums, Ahrens noted that many of the individuals who made such reports indicated that they did not intend to inform local law enforcement. “To help protect our community, we have to change this attitude,” she said. Ahrens urged community members to adopt a proactive attitude toward discrimination and hate incidents instead of staying silent—to report such incidents to local law enforcement, to speak to media outlets, to share among other advocates, and to immediately stop referring to COVID-19 by ethnic terms such as the “Chinese Virus.”

“To keep silent and to ignore the indignity and humiliation and suffering just allows others to continue perpetrating these injustices against our people,” she said. To get further involved, Ahrens encouraged Asian Americans to participate in bystander intervention training, ask employers and children’s schools about anti-harassment policies in place, and discuss these issues with children and family.

Additionally, Ahrens emphasized the importance of making sure action is being taken on the part of policy makers on the local, state, and federal level. “We call also on local and state policymakers to take action even as we wait for the federal government to coordinate efforts to address this issue,” she said. “We call on mayors and governors to create a state or local task force to address anti-Asian hate,” Ahrens added, commending the New York City Commission on Human Rights’ formation of a COVID-19 response team in April to address increased incidents of harassment and discrimination related to the pandemic.

The next topic of the conversation focused on improving mental health and building individual resilience during quarantine conditions. Drawing upon research into humans’ psychological responses to crisis, Pao noted that a mental adjustment must be made on everyone’s part in order to persevere through these difficult, uncertain times. “Three months into this now, we have realized our strategy and vigilance must be for a marathon, not just a sprint,” she said.

Pao emphasized the difficulty of responding to sustained change and walked through the steps to move forward. “One change requires that we acknowledge our grief,” she said, noting COVID-19’s numerous disruptions to daily life from new teleworking policies to prom and graduation cancellations.

“You don’t have to know all the answers; this has never happened before,” Pao said. While sharing feelings and questions with others is useful, Pao also noted that temporary avoidance of these anxieties can also be helpful coping mechanisms. In times of crisis, Pao added, it is important to examine who you want to be during COVID-19, let go of the uncontrollable, and focus on the differences we can make.

“Take your temperature—your ‘distress temperature’—regularly,” Pao said, referencing a concept used by the National Comprehensive Cancer Network for patients to communicate distress. To conclude, Pao encouraged community members to prioritize self-care by looking for the love, beauty, awe, and humor in their lives, as well as by making note of whenever they accomplished tasks related to the “Seven C’s of Resilience”: competence, confidence, connection, character, contribution, coping, and control.

The final speaker for the night, Lam, brought the conversation back to the topic of targeted AAPI harassment through a community and legislative standpoint. “What we’ve seen as a nation is a slide backwards when it comes to relations, particularly with the Asian American community and especially with the Chinese American community,” Lam said.
Lam discussed the similarities this pandemic has to the Sept. 11 attacks in the rise of blame and discrimination being placed on ethnic and religious groups. “What was different between 9/11 and now is that we had leadership that went out of its way back in 9/11 to cite the fact that it was not the fault of our Muslim brothers and sisters that led to that crisis,” Lam said.

Lam attributed various elected officials blaming China and attributing COVID-19 as ‘Chinese virus,’ along with leaders’ support for any unsubstantiated claims, as fuel for public anger toward Asian Americans. To respond to these increasing tensions, Lam asked community members to firstly recognize the racist attacks taking place, to educate others on the history of anti-Asian racism, and to find allies in other ethnic communities in order to help coordinate a response condemning these discriminatory incidents.

“We as a community, an Asian American community, are one of the fastest growing communities in the nation; we have a lot of power, we have a lot of folks that have these concerns,” he said. Lam advocated for these organized efforts, along with going out to vote, as the best methods for affecting policy change. “We need to use that clout to make sure that people hear our concerns,” he added.

After the panelists’ individual presentations, the conference allotted time for a Q&A session with them. Community members on the call submitted questions such as how to explain the pandemic and related harassment incidents to children, how to manage family dynamics in quarantine, and where to find appropriate resources for Asian communities.

The call concluded with closing remarks from National FAPAC President Olivia F. Adrian, who also presented the 2020 FAPAC Uniformed Services Award to Captain Sally Hu of the U.S. Public Health Service.
AAPI leaders unite to discuss efforts on dealing with health inequity during the COVID-19 pandemic

By Robert Sun

The COVID-19 pandemic poses immense challenges to our community, affecting all ethnic groups, and almost all aspects of our lives. One challenge the community continues to face is the large health inequity that impedes their livelihood during this pandemic. To better understand this issue, FAPAC’s NIH Chapter held an online webinar on July 31, titled “United to Fight Health Inequity During the Pandemic: What Can the AAPI Community Do?” This webinar explored opportunities for the AAPI community to work with various communities to tackle this issue. With over 300 attendees, the webinar gave valuable insight and information on how various communities can collaborate to resolve the multitude of problems presented by the pandemic.

The webinar began with an opening remark from Maryland’s First Lady Yumi Hogan. In her remark, she commended the generosity and contributions of AAPIs, which has been critical to Maryland and the
nation’s progression in recovery and relief in this pandemic. Working with public health officials, AAPI’s have managed to secure critical resources, and donate more than half a million of PPE equipment to health organizations in need.

Dr. Monica Hooper, Deputy Director for the National Institute on Minority Health and Health Disparities also gave some remarks, which included various statistics that displayed the racial discrimination and mortality rates of various ethnic groups associated with the pandemic. Using this data, Dr. Hooper advocates for the unity and equity of all racial groups as a solution to the existing problems aforementioned. “I encourage you to add an equity lens to your work. Ask yourself whether resources exist for all people to reach the goal or intended outcome of your professional or scientific efforts.”

Following the opening remarks, the webinar spent some time to showcase videos of different AAPI organizations, and their efforts to help cope with the ongoing effects of the pandemic. Their efforts included a wide range of initiatives from educating others, to mask and food donations for front line workers. The audience felt inspired by the efforts from these community organizations to become proactive in taking part to help resolve the variety of problems that this pandemic brings.

Afterward, the webinar transitioned to a panel discussion, comprising various health experts and legislators. The webinar featured 3 main panelists: Dr. Yvonne T. Maddox, the President and CEO of the Ta Thornton Foundation, Maryland State Delegate Lily Qi, and Dr. Leana Wen, an emergency physician and public health professor at George Washington University. The panel discussion primarily focused on gathering personal reflections and thoughts from these esteemed panelists, whose experience in legislative or public health service can serve as wisdom to the public on how to resolve the health inequity posed by the pandemic.

The panel discussion also included Dr. Howard Koh, a professor of the Practice of Public Health Leadership at the Harvard T.H. Chan School of Public Health, and also the keynote speaker of the webinar and moderator of the panel discussion. In his speech, Dr. Koh commemorates all the hard work the AAPI community has currently done in public health service, especially during a time of crisis. Additionally, he expresses his gratitude for FAPAC’s initiative to gather the community together and be a role model in public health service. “We [as individuals] in public health have to stay broad, interdisciplinary, open to new ideas, open to collaboration... that is what today’s event is all about,” said Dr. Koh. “So I feel so grateful that [FAPAC] has stepped forward for an event like this, and to make a difference in a time like this when the American people need your leadership, commitment, and your services.”

The first topic the panel discussion was the importance of resolving health inequity together during this pandemic. Opening the conversation, Dr. Maddox expressed that during her lifetime as a federal public service worker, her work frequently centered around dealing with health inequity in various forms. However, despite dedicating almost 30 years of her life to examine the grave health disparities that have a disproportionate impact on minority groups, this pandemic has taught her how critical it is for all racial groups to work together to fix these health disparities the pandemic has caused. “Most people would have thought that a virus so contagious would have...impacted [everyone] on equal terms. But just as we see health disparities associated with chronic diseases, we still see these grave disparities from COVID-19,” says Dr. Maddox. “And in order to arrest these grave difficulties and scourge on our public, we are going to have to work together.”

Delegate Qi emphasized how even the slight disparities in health, transit, or housing can have a drastic effect on the life expectancy of an individual. Representing Montgomery County, Delegate Qi explains how comparing her county to Baltimore for example can result in a difference of a life expectancy up to an entire generation. “That [noticeable difference in life expectancy] should be unacceptable to anyone,” exclaimed
Delegate Qi. “I’m very glad that we are focusing on this [health inequity] issue and focusing on how we can work together.”

Concurring with statements that Delegate Qi exclaimed, Dr. Wen elaborated on these underlying disparities, and provided concrete solutions to how health inequity should be addressed. Dr. Wen asserts that there is plenty of room for everyone to improve themselves, and create a societal system that is equitable for all. Examples include improvements with data collection on COVID-19 testing, and reforming social policies during this pandemic, so that minority groups are not negatively impacted. However, Dr. Wen mentioned how all these changes need to be made together as a unified society. “The virus doesn’t discriminate, but we do,” said Dr. Wen. “We can all do so much better--all of us-- that we can really fight for health and social justice.”

The second topic of the panel discussion was the ongoing issue with the lack of data collected during this pandemic and how it specifically affects the AAPI community. Expressed by Delegate Qi, Maryland is fortunate to be one of the first states that began collecting racial data about the pandemic as soon as it started. However, the data on AAPI’s in this pandemic is still quite incoherent and incomplete. Certain issues continue to persist, which reduce the accuracy of the data. Some examples of these issues are that many still have apathy to take the initiative to get tested for COVID-19 or have a distrust in the system. Dr. Maddox mentioned a potential reason for the lack of data collected that displays how the pandemic impacts specific groups: the great digital divide faced during this era, which has been exacerbated by the pandemic. She voices her concern on how many of our citizens do not have access to the internet and key resources, which weakens the importance of health literacy. As a result, it becomes difficult to make certain data accessible to the community and being able to collect data, especially on how the pandemic impacts underprivileged groups.

Dr. Wen suggests that the issues with data collection during this pandemic can be improved with greater outreach. Furthermore, she mentions how current methods for data collection need to be reworked. She points out that data on AAPI’s is not collected the same in all states, “The way that the data [about AAPI’s affected by the pandemic] are collected are different, in some states AAPI’s are in a group, but in others they are disaggregated.”

Finally, the panel discussion transitioned into a discussion that reflected on personal experiences the panelists encountered during this pandemic themselves, as well as their opinions on top priorities the nation will be focusing on tackling about the pandemic in the near future. Dr. Maddox shared how this pandemic has changed her philosophy on how to work with the community at large. “This pandemic has told me that we are in this together,” she remarked. “If we don’t work across with other racial groups we’re not going to solve issues with this pandemic or other health disparities.” Dr. Maddox and her foundation have started to focus and reach out to the community at all levels. She has decided to become more committed to public health from a public policy perspective.

Delegate Qi mentioned that she has been working with legislative leaders to urge the Maryland governor to adopt antibody testing and improve its turnaround time. After seeing the lack of a coordinated national response to the pandemic, she is enthusiastic to align her policymaking to match standards from public health leaders, as she looks forward to working with her colleagues to serve her constituents and the underprivileged in the most effective way.

Dr. Wen shared her unique experiences of actually giving birth and experiencing motherhood during this unprecedented pandemic. From such an unexpected challenge to face, she found that this pandemic has
taught her to give each other a lot of grace during this time, because everyone is having a share of their humanity challenged by this pandemic.

After the guided discussion, the webinar provided time for the panelists to receive questions from the audience and share final remarks about how to move forward as a community after listening to this webinar. During this time, the panelists reiterated key points mentioned throughout the discussion, specifically tying into the theme of planning for the future.

The panelists stressed that there must be a robust national strategy implemented to suppress this pandemic. Dr. Koh says this pandemic is only increasing as an obstacle to minority groups, exacerbated by the resurgence of the influenza season in the fall. With consideration to the ongoing development of a COVID-19 vaccine, Dr. Wen says a national strategy is especially important during this time. “When you don’t have a national plan, then you’re leaving the most vulnerable out. Let’s think about how the vaccine is going to be distributed [if there was no national plan]; it’s always going to be the ones with the money and resources that can access the vaccine first, not the most vulnerable.”

Additionally, in regard to efforts to resolve our plaguing health inequity in society, the panelists reinforced that everyone must disavow racism and work together to bolster our public health infrastructure. “Unity is the way that we will succeed, and when one community rises, others will rise together,” says Dr. Maddox. She is optimistic that communities are moving forward in this direction, which will be significant as the nation enters the immunization phase of the pandemic.

Sometimes in the face of adversity and tumult, many forget the importance of public health and take the role of public health in society for granted. Dr. Wen explained how we typically see public health as an invisible figure, citing an analogy to how food poisoning is expressed in the media. “All the prevention work done to inspect restaurants to prevent food poisoning, you don’t really hear anything about that. Instead, you see the face of someone who has gotten food poisoning.” Consequently, Dr. Wen asserts that we need to reinvest in public health, which has been seemingly ignored for decades. “Let’s not wait for the next pandemic to hit us, let’s actually bolster our public health infrastructure so we can respond to this pandemic, so that we are ready for others, and so that we recognize how much that a public-health safety net influences everything else too. If we do it right, we have the opportunity to really address equity in a meaningful way, through the lens of public health,” she expressed eloquently.

It is clear that despite the progress that is being made within public health and policymaking aimed to resolve this pandemic, there is still a long way to go. This pandemic has created a great division among not just public health, but technology, communication, and communities as well. However, instead of division, everyone must unite together, to focus on accomplishing a shared goal: fighting and resolving the challenges of this pandemic. Quoted by Dr. Koh, “We may all have come on different ships, but we are in the same boat now.” - Martin Luther King Jr. This quote could not be more relevant than the current pandemic we face today. Understanding the accountability and responsibilities our communities have in this pandemic will be the cornerstone to the nation’s resilience and bring us one step closer to societal justice.
Three HHS employees from the AANHPI community receive prestigious HHS awards

By Xujing Wang, Jean Yuan, and Joy Zhao

The Federal Asian Pacific American Council (FAPAC) NIH chapter established two HHS FAPAC Award Programs in 2019, to recognize outstanding members from the Asian American/Native Hawaiian/Pacific Islander (AANHPI) community working at the Department of Health and Human Services (HHS): Dr. Howard K. Koh Award for Excellence in Leadership at HHS, and Dr. Francisco S. Sy Award for Excellence in Mentorship at HHS. The Dr. Koh award recognizes an HHS employee from AANHPI community who exemplifies outstanding leadership, service integrity, and excellence, and has significantly contributed to the mission of the HHS. The Dr. Sy award recognizes an HHS employee from AANHPI community who has provided exceptional mentorship to others and fostered their professional growth and career development.

The HHS community responded warmly to 2020 award nomination call with a total of 55 outstanding nominations. The candidates were evaluated by the Award Evaluation Committee consisting of leaders of the AANHPI community from five HHS agencies (CDC, FDA, HRSA, NIH, and OASH). The roster is as follows:

- Esmabe Edgar (NIH/OD)
- Kung, Dar-Ning (NIH/NLM)
- Lee, Daniel (FDA/OR)A
- Li, Zheng (CDC/ATSDR)
- Li, Chunyu (CDC/DPHHSIS)
- Nguyen, Chau (HHS/HRSA)
- Roy, Kakoli (CDC/DDNID)
- Wang, Xujing (NIH/NIDDK)
- Wu, Samuel (OS/OASH)
- Yan, Ye (NIH/NINDS)
- Yang, Chunfu (CDC/DPHHSIS)
- Yi, Pan (CDC/DDID)
- Yuan, Jean (NIH/NIA)
- Zhang, Lei (FDA/CDER)

After three rounds of rigorous review, the Committee selected two candidates to share the 2020 Dr. Howard K. Koh Award for Excellence in Leadership at HHS:

- Dr. Robin M Ikeda, Associate Director, Office of Policy and Strategy, CDC
- Dr. Paul Liu, Deputy Scientific Director & Senior Investigator, National Human Genome Research Institute, NIH

The 2020 Dr. Francisco S. Sy Award for Excellence in Mentorship at HHS went to:

- Dr. Sheue-yann Cheng, Senior Investigator, and Chief, Gene Regulation Section, National Cancer Institute, NIH
We would like to warmly welcome Caroline Goon, MS, MBA, as the new AAPI Strategist at NIH. Prior to EDI, Caroline worked in the Office of Research on Women’s Health (ORWH) at NIH where she was a Career Development Program Lead. In that role, she helped to research, develop, and support opportunities to recruit, retain and advance women in biomedical research careers. Caroline is passionate about, and cares deeply for the community, working to empower AAPIs. She is actively seeking and developing ways to intentionally cultivate multi-cultural coalitions to act as partners for greater impact.

Prior to NIH, Caroline spent over 12 years working at Georgetown University Medical Center and was the Assistant Dean of Strategic Initiatives and Marketing for Biomedical Graduate Education programs. She focused on the strategic development of education initiatives with international and domestic partners, recruited talented graduate students to the University and managed 3 graduate education programs for the University. Caroline was also the founding director of a specialized Career Strategy and Professional Development office that served 33 different biomedical graduate programs. In that capacity, she built on external relations and the creation of fresh programs/services to help students clarify their career goals, develop search strategies and pursue job/graduate opportunities.

Caroline graduated from the University of Maryland, College Park, with a B.S. in Biology and a minor in Community Health. She then went on to complete her M.S. in Biohazardous Threat Agents and Emerging Infectious Diseases at Georgetown University. Afterwards, she transitioned into leadership and organizational development and completed her Masters in Business Administration from Georgetown University.

Some fun and random facts about Caroline:

**Favorite classes at the University of Maryland, College Park:**

- Adult Health and Development
- Virology
- Pathogenic Microbiology

**Newly discovered hobbies during the pandemic:**

- Gardening (planted new things like cucamelons, ground cherry/husk tomatoes, peanuts, bitter melon, and Japanese eggplant)
- Chasing and wildly flailing arms at squirrels who have gleefully stolen husk tomatoes from the garden
- Making fun YouTube videos about animals (for kids to watch!)

Top 3 favorite TED Talks:

- [Grit: The power of passion and perseverance](https://www.ted.com/talks/angela_duckworth_grit_the_power_of_passion_and_perseverance) – Angela Duckworth
- [Your body language may shape who you are](https://www.ted.com/talks/amy_cuddy_your_body_language_may_shape_who_you_are) – Amy Cuddy
- [How I held my breath for 17 minutes](https://www.ted.com/talks/david_blaine_how_i_held_my Breath_for_17_minutes) – David Blaine

Secret Superpowers (that have not been helpful….yet):
• I can wiggle my ears
• I know all the capitals of every country
• Cannot remember song lyrics no matter how many times I have heard the song

What I’m following on Instagram:

• Natureismetal: a nature channel that shows realities of life (animals/insects)
• SmittenKitchen: find new favorite things to cook
• Somegoodnews: started during COVID-19 pandemic, and shares good news stories from around the world
• Yellowbeepod: Asian podcast about culture, identity and more!
• NextShark: leading source for Global Asian News
On July 24, 2020, NIH Director Dr. Francis S. Collins announced Michael F. Chiang, M.D. as the new Director of NIH’s National Eye Institute (NEI). Dr. Chiang succeeds former Director Paul A. Sieving, M.D., Ph.D., who retired from the NIH in July 2019.

Can you describe your typical workday previously at the Oregon Health and Science University (OHSU)?

I’ve spent my entire career as a clinician scientist, which means that I do a mix of different things: research, teaching, clinical care, and administration. For me, that’s what makes this really exciting because there’s not a typical day, and my days are comprised of a mix of all those different things. I love working in an environment where you can identify the problems that you’re going to try solving during the day and during the year. For most of my career, I’ve spent 20-30% of my time taking care of patients. My clinical practice is pediatric ophthalmology and adult strabismus, which I love doing. I’ve always loved teaching as well. When I began my career at Columbia University, I did a lot of one-on-one teaching with medical students and residents, and developed a week-long ophthalmology rotation that was taken by every medical student there. More recently, I’ve started to run several university-wide teaching programs in Oregon — one for PhD students and postdoctoral fellows in vision science, and one for mentoring early career clinician scientists. But the majority of my time has been spent doing research, where I’ve developed programs involving the applications of information technology and biomedical informatics to clinical ophthalmology. During the past two years, I’ve taken on a much heavier administrative role in helping run the OHSU Casey Eye Institute, which includes over 90 faculty members and 400 total people. So, my career has evolved over the past 20 years. I’ve really enjoyed doing all of these things for different reasons.

What will be your major responsibilities as the new Director of NEI?

One thing I’ve realized about myself is that what drives me to do what I do, and what makes me love doing what I do, is the opportunity to make a difference in the field and to make a difference in the lives of others. That’s the reason why I was — why I am — excited for this position: it’s amazing to have an opportunity to
make a difference in vision science and vision care on a national level. At NEI, I’d like to begin by spending
time to learn as much about the Institute as I can. To understand how to get to where we want to go, I feel
one place to start is by understanding where we are now, what is working well, and what people feel can be
working better.

**What are some exciting developments or milestones in your career?**

I began my career being interested in the intersection between technology, vision science and
ophthalmology. One of my first projects, which was the title of my K23 grant, was called “Telemedicine for
Retinopathy of Prematurity (ROP) Diagnosis.” We designed and built a telemedicine system, implemented
it, trained nurses to take images, trained doctors to read images, and evaluated the system performance
from an accuracy and cost effectiveness perspective. We did a lot of work in that area over 7-8 years. One
thing that was exciting for me is that as we wrote papers and as others did studies, then people began to
adopt these methods in the real world. Then, the major camera vendor had their device FDA-cleared for
ROP telemedicine based on these data. After that, I contributed to a joint American Academy of Pediatrics,
American Academy of Ophthalmology, and American Association for Pediatric Ophthalmology &
Strabismus policy statement which wrote that telemedicine could be part of standard ROP care. It was very
exciting for me to see first-hand how clinical needs led to research studies, which stimulated early adoption
of these new technologies, which resulted in policy-making changes, which then led to an evolution in the
standard of clinical care.

More recently, I’ve started to do more work involving artificial intelligence for ROP, along with studies in
genotype-phenotype correlation and bioinformatics analysis of ROP. Out of that, I’m excited that an artificial
intelligence system we’ve developed with collaborators has received FDA Breakthrough Status. One thing
I’ve appreciated from this experience is seeing first-hand how much effort is required to translate research
studies into real-world practice.

One final area I’ve worked in has been data science. I’ve done a lot of work with the American Academy of
Ophthalmology in building the IRIS Registry, which stands for Intelligent Research in Sight. It was exciting
to be one of the handful of people who worked on initially conceptualizing this registry, to implementing it
and going live in 2014, and now seeing that it captures over 430 million patient eye exams from around the
country. I believe it is the largest repository of clinical exam data in any field of medicine. I’ve helped
manage a group of data analytic centers around the country in collaborative research studies using this
registry, going from so-called “big data” to knowledge discovery. In the future, I hope large-scale data sets
can improve the efficiency and power of knowledge discovery.

**Is there anything you would change in your career? Is there anything that you might have done
differently to reach your goals?**

I’d say that I spent the first 5-6 years of my career somewhat naively believing that the purpose of my
career was to publish papers and receive tenure. But then I began to wonder: if my papers were written, but
didn’t impact the larger community – then did they really occur (almost in a philosophical way)? After that, I
realized what I wanted my career to be about was doing work that could an influence on the work of others,
and that could eventually make a difference in the field and to the lives of patients – and that I didn’t want to
write papers or give talks only for the sake of doing so.

**Would you like to acknowledge any mentors, mentees, family or friends who had a significant
impact on your career? How did they contribute to your success?**

As a medical student, I’d become interested in computational neuroscience, and spent three years working
in the lab of Richard Masland, who was a superb researcher and mentor. At the time, I thought I might want
to become a neurosurgeon, and Dick’s lab was actually in the Division of Neurosurgery Research. He studied neural information processing, anatomy, and physiology, and he happened to use the rabbit retina as a model system. From learning about visual science, I decided that I actually wanted to become an ophthalmologist. And it was from Dick that I first learned how to be a rigorous scientist.

After my clinical training, my first job was at Columbia University, where I worked for 9 years. That was a very formative time because I had a general vision of wanting to applying information technology to vision research and vision care, yet needed to figure out specifically how to begin doing that. I met three people at Columbia. One was John Flynn, who was one of the founding faculty members at the Bascom Palmer Eye Institute in Miami and spent the first 35 years of his career there. Another was Ted Shortliffe, who is a seminal figure in the field of biomedical informatics. The third was Justin Starren, who was helping to run one of the largest telemedicine research projects in the country (although it had nothing to do with vision).

By combining the expertise of those three mentors, I decided to undertake a project involving telemedicine for ROP diagnosis – which was an incredible learning experience. I will also mention Stanley Chang, who was my first Chair of Ophthalmology at Columbia and who was enormously supportive of my career. In 2010 I was recruited to OHSU Casey Eye Institute by Dave Wilson, who was an amazing mentor as well. We had the vision of building a program in ophthalmic informatics, and working for Dave was really how we did some of those exciting things I mentioned before – like expanding into artificial intelligence, electronic health records, and data science.

From this, I’ve been incredibly fortunate to see the role that mentors can have in one’s career development. In building these programs, I’ve also been privileged to mentor a large group of research fellows, graduate students and clinical trainees on projects. Specifically, I’d call out two junior faculty whom I worked with. One is Pete Campbell, whom I first met as a retina fellow in Oregon. He was the first K12 trainee that we had in Oregon. With Pete, we built up a program of artificial intelligence in ROP. The second one I will call out is Michelle Hribar. With Michelle, we developed a program involving the use of electronic health record data for things like workflow analysis, simulation, and optimization. In many ways, it’s been more fulfilling to help others succeed in their careers.

Most importantly, there’s my family. My wife, Lydia, is a pediatrician. She’s been extremely supportive of my career, and very tolerant of all the times I come home late or am away at meetings or speaking engagements. I also have two daughters, Erica and Megan, who laugh at my jokes and make me think they’re actually funny.

What are the major challenges for Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) to become a good leader? Have you experienced any unique challenges?

I’d like to start by acknowledging that this country is made of many different types of people, and that I know every group has unique challenges. My perspective on this is that my parents moved to this country several years before I was born, and I was raised in Detroit, Michigan. That was an area without a large AANHPI population. Our area had virtually none except for our family. So, that was my lens on the world as a child. Of course, I recognize that in traditional Asian culture, speaking up is not always encouraged. However, I’ve learned throughout my career that it’s tremendously important to be able to communicate your ideas.

One thing I’ve been proud of is creating a vision for building a program in ophthalmic informatics. From this experience, I’ve recognized that you can’t do this just by putting your head down and working in isolation. You need to make other people believe that vision and exchange ideas with others to refine that vision. I think it’s important for the community to recognize things that written and spoken communication are
extremely important because these days it’s very hard to do science, or the practice of medicine, in isolation. The world is more collaborative and interdisciplinary than ever before.

**How do you manage your time and work-life balance? What do you like to do when you are not working?**

I’ve honestly struggled with work-life balance throughout my entire career, but am still trying. Both my daughters have always been very involved in sports, so I’ve spent years standing on the sidelines with my wife and other parents – but we also try to all stay active together. Erica played soccer from kindergarten through high school and was a state-ranked sprinter, and Megan has played softball since age 6 and woke up at 5am every Saturday morning during the winter to go skiing when we lived in Oregon. I’ve always enjoyed working with computers. And during 8 months of quarantine, my daughters became obsessed with the Marvel Cinematic Universe movies, so we’ve watched all of them in chronological order (over 20 movies!).
A team of Chinese-American volunteers include some of our FAPAC FDA Chapter members in the DC Maryland area held a fundraiser to protect our frontline health care professionals from potential transmission risks posed by COVID-19.

The volunteer group, operating under the name Chinese-Americans Support Hospitals (CASH), led by FDA and NIH scientists, used the $100,000 raised during the fundraiser to purchase and supply more than 112,500 medical surgical masks, 3,400 N95 masks, approximately 1,000 coveralls, and 360 face masks to 12 local hospitals within three weeks. The donations were funded through a GoFundMe platform where over $105,000 was raised by over 1,000 donors with a significant portion coming from the local Chinese community. This grassroots effort received attention from multiple media outlets, including The New York Times, CBC, and Fox5News (https://www.fox5dc.com/video/671066).

Additionally, CASH in collaboration with the Victims’ Rights Foundation, helped to distribute another 50,000 masks to the homeless, single mothers, low-income individuals, African-American churches, the Jewish Center for the Aging, and others. This work earned the group and Dr. Liang Zhao (the CASH representative) a Humanitarian Award from the foundation. The award was presented in the award ceremony, which took place on August 26th, 2020. Senator Chris Van Hollen, Montgomery County Executive Marc Elrich, and Montgomery County Council President Sidney Katz attended the ceremony.

Thank you for all the kind people who donated! Thank you for all the CASH volunteers!
Other hospitals received donated PPEs and Suburban Hospital Bethesda, Holy Cross Germantown, NIH Bethesda, Howard County Emergency Center, UMMC (Baltimore), Adventist (Shady Grove and White Oak), Mercy Hospital (Baltimore)
New Member Spotlight: Flora Qian

Flora Qian is the Tech Lead and IT Specialist at Online Information Branch (OLIB), Office of Communications and Public Liaison (OCPL), Office of the Director (OD), NIH. She was a keynote speaker at Drupal GovCon Conference and a speaker at Drupal GovCon, NIH Drupal User Group, and GITA Conference. She is responsible for leading the development and maintenance of the Content Management System (CMS) that deploys several key public websites, including NIH’s main public site www.nih.gov. Prior to OLIB, Ms. Qian was the Web Development Manager at National Heart, Lung and Blood Institute (NHLBI), NIH. During her years at NIH, she also served as the subject matter expert in various cross-agency policy and technological workgroups, such as “HHS Content Services Workgroup” and “HHS Metadata Workgroup.” Ms. Qian received her master’s degree in biomedical engineering from Drexel University. She has 25 years of extensive IT experiences in Web, mobile app and software development and excellent track records of successfully leading and managing mission critical IT projects and systems.
**New Member Spotlight: Dr. Dan Xi**

Dr. Dan Xi is a program director at National Cancer Institute, NIH. She is responsible for overseeing and managing a portfolio of research grants, cooperative agreements, and contracts related to cancer complementary and alternative medicine (CAM) therapeutics or complementary and integrative oncology, such as traditional medical system, herbal medicine, nutrition, mind-body, sleep, and other lifestyle modifications and non-standard care interventions. Dr. Xi has been working in the fields of neuroscience and cancer at the National Institutes of Health, with extensive research experience in high-throughput technologies and bioinformatics (built 35 K human cDNA microarray-fabrication facility for transcriptome molecular classification of Glioblastoma in 2002), single cell gene quantification, neurotransmitter and transporter, drug discovery, pharmacology/toxicology, molecular and cellular biology.

Dr. Xi organized 2016 cancer CAM therapeutics strategic workshop and lead Integrative Oncology Working Group. In September 2017, she led a trans-NIH “circadian rhythm and chronomedicine for cancer and other diseases in the era of precision medicine” strategic workshop and chairs Chronomedicine Interest Group. She was a member of planning committee of 2017 NIH Microbiome Common Fund’s 2nd trans-NIH microbiome workshop, “The Human Microbiome: Emerging Themes at the Horizon of the 21st Century”. She was the member of NIH nutrition research task force writing group contributed to the development of 2020–2030 Strategic Plan for NIH Nutrition Research. She is the course director of NCI/NIH Integrative Medicine Course (IM), and member of NCI Director Award winning committee “NCI clinical trial stewardship committee”. Contact: xida@mail.nih.gov
Ms. Catherine Yu is a Cancer Research Training Award (CRTA) fellow in the Epidemiology and Genomics Research Program's (EGRP) Genomic Epidemiology Branch (GEB), where she will be working on the management and coordination for the COnsortium of METabolomic Studies (COMETS) and the metabolomic Quality Assurance and quality Control Consortium (mQACC). She will also be evaluating the use of multi-omic data integration in the NIH portfolio.

Before joining EGRP, Ms. Yu was a research assistant at the Duke University School of Medicine where she facilitated qualitative interviews to gather insight on the reasons mothers in Durham, NC, choose to vaccinate their children and performed a literature review to determine facilitators, barriers, feasibility, and acceptability of school-based HPV vaccination programs. She also interned at Mount Sinai Hospital in New York where she recruited patients from the pediatric and adult emergency departments for several simultaneous prospective studies that dealt with asthma, comparing text to audio-visual discharge instructions, efficacy of using AR to dose emergency medications to children, and use of wet-electrode EEG to detect concussions.
FAPAC-FDA Chapter: leading the Celebration of Annual Asian Pacific American Heritage Month

By: LCDR Nancy Tian, LCDR Daniel Lee, and CDR Ruiqing Pamboukian

As the Employee Resources Workgroup at FDA, the FAPAC-FDA Chapter engaged with the FDA Equal Employment Opportunity and other offices’ Diversity Programs to celebrate the Annual Asian Pacific American Heritage Month in May 2020. Even though the 2020 HHS Asian American Pacific Islander (AAPI) Summit was cancelled due to the COVID-19 pandemic, the celebration for the AAPI Observance was not. FAFAC-FDA Chapter produced the website banner for the FDA intranet to celebrate the AAPI month with the broader FDA community. An article on the FAPAC-FDA Chartering Ceremony and board members was included in the banner.

The Office of Regulatory Affairs is the leading office for all the field activities at the FDA, with 4,500 employees in the United States and around the world. This is the first year that the ORA Diversity and Inclusion Program invited the FAFAC-FDA Chapter and the APAC Northern California to co-plan and celebrate the AAPI Month of Observance. The theme this year is “Remembering the Past and Reframing the Future.” The aim for this virtual conversation was to explore the Pan Asian cultural practices and differences, social contributions, and the impact of the COVID-19 pandemic on the Asian community. Featured guest and panelists included FDA Assistant Commissioner for Partnerships and Policy, Erik Mettler, series producer of PBS “Asian Americans”, Renee Tajima-Pena, and co-founder of Feed Your Hospital, Lena Wu. The virtual event was held on May 27, 2020 and attended virtually by over 330 ORA employees.
What does it take to accomplish community outreach events remotely during the COVID-19 pandemic? It takes a team of motivated people, technology, and a whole lot of coordination. At the beginning of 2020, I was given the opportunity to serve as the Community Outreach Chair at the FAPAC-FDA chapter. First, I recruited a personal friend who is a social worker at the Chinese Culture And Community Service Center (CCACC) in Montgomery County, Maryland to be my point of contact for the AAPI population the chapter wanted to serve. Second, I gained support from my colleagues, both executive officers for FAPAC-FDA, who have a network of Chinese speaking pharmacy students willing to serve the community. By February 2020, the team of pharmacy students and my pharmacist colleagues organized an educational session at CCACC on the topic of hypertension, with over 60 Chinese speaking seniors in the audience. By March, all the seniors who used to spend their days at CCACC had to stay at home until further notice. My community outreach team got together and came up with the idea to make video clips on maintaining healthcare routines during the COVID-19 pandemic.

As a pharmacist, I was able to take part in guiding the students in coming up with materials for the AAPI seniors. After getting some insight from my contact at CCACC, I presented the type of information that would be most valuable to our targeted audience. My fellow FAPAC-FDA pharmacists and I held several virtual meetings and exchanged a handful of emails with the students to discuss the execution of these video clips. Since these meetings were outside of their pharmacy curriculum, the students were encouraged to have casual conversations with us as mentors and peers rather than school instructors. They shared their experiences at school and asked questions regarding their careers. On the other hand, I shared my experience with Toastmasters, an international organization that focuses on improving
communication and leadership skills. The other pharmacists told the students about Public Health Service and other federal career opportunities.

Besides being a mentor to the students, I was able to use leadership skills that don’t often get exercised at my normal work function. For example, I provided constructive feedback along with my colleagues after reviewing the students’ work at each step of the way from brainstorming sessions to the completion of their presentations. Keeping in touch with the team periodically while allowing the students to have ownership over their work have helped maintain the team’s motivation even when we cannot meet in person. The dedications of all team members involved have been tremendous. My contact at CCACC found time outside of her 7-day work week to contribute to the initiatives. The pharmacy students went above and beyond their full-time pharmacy school curriculum, their professional organizations at school, and their part-time jobs.

Doors are still opening for leadership development as the Community Outreach Committee continues to expand. Last month, a Korean speaking pharmacist was recruited along with a group of Korean speaking pharmacy students who showed interest in serving AAPI seniors in the community. The next step is to create a communication and record keeping system to facilitate this program expansion. It will involve collaboration with additional pharmacists and pharmacy students. This is a great opportunity to grow our community outreach efforts, as well as membership base for FAPAC-FDA Chapter. Together with our various skill sets and networks, we can positively impact the AAPI community while growing as leaders.
Many potential barriers prevent people from getting the healthcare needed: access to providers, financial difficulties, and language barrier. According to the U.S. Census Bureau in 2011, the number of U.S. residents who speak Chinese at home has quadrupled since 1980, up to about 3 million, making Chinese the third most widely spoken language in this country. That increase reveals the need for care delivered in languages other than English by bilingual healthcare professionals. A group of bilingual pharmacists from the Federal Asian Pacific American Council (FAPAC) and students from the University of Maryland School of Pharmacy (UMSOP) recognized that need and have started a series of health promotion initiatives targeting the Chinese elderly population.

In February 2020, the third event of the series took place in CCACC Adult Day Care Center in Montgomery County, Maryland, led by LCDR Daniel Lee and the author, Xinyi Huang. In this seminar on hypertension management, four pharmacists and seven student pharmacists interacted with over 60 seniors. The seminar was delivered in Mandarin, including an informational presentation by the students, a Question and Answer session, and individual counseling time. This event was designed to empower the elderly in their health management and to improve health literacy in a language that the patients can best understand.

During the presentation, the student pharmacists presented the blood pressure goal according to treatment guidelines, common anti-hypertensive medications, and lifestyle management. The student pharmacists pointed out that intake of certain ethnic foods that the Chinese community enjoyed, such as Chinese sausage (lachang), should be limited for better blood pressure control. As part of the health literacy
education, a mini-role play about phoning healthcare providers for medication questions was performed to encourage the seniors to speak up any health concerns.

The audience was very engaged, and microphones were passed from one senior to the another for questions. "My blood pressure is in the 160s, and I feel just fine," a senior raised his hand and commented on the blood pressure goal presented by the group. Some of his peers nodded in resonance. In Mandarin layman terms, the pharmacists and student pharmacists responded to the comment by further explaining the recommendations from the American Heart Association (AHA) and the Centers for Disease Control and Prevention (CDC).

Many more personal questions were addressed during the individual counseling time, when each senior has a chance to talk to a pharmacist paired a student. Questions like "My pressure differs by as far as 20 mmHg if measured by different arms. Why is that?" and "I've heard two of my medications being mentioned in your presentation, should I be on two anti-hypertensive drugs?" were answered. The pharmacists and students utilized the limited time to do detailed demonstrations, review medication lists brought in by the seniors, or address any other needs within the pharmacist's scope of practice.

Hypertension is an asymptomatic disease that requires life-long pharmacological therapy. Therefore, patient education and engagement play a vital role in disease management. Through this event, the seniors were encouraged to understand and manage their health. Moreover, this event served as a continuation of the relationship among a cadre of pharmacists, students, and the local Chinese community. This healthcare promotion series by FAPAC pharmacists and UMSOP students are advancing strongly with upcoming topics such as self-care during the COVID-19 pandemic and other chronic disease state management.
How You Can Get Involved
Taking Action In Times of Crisis

Volunteer
High Schoolers For
Front Liners

Message from High Schoolers For Frontliners President Allison Moon:

We are a student-led organization called “High Schoolers for Frontliners” or HSFL. Our team is made up of over 50 high school and middle school students who work together to donate masks every week to facilities across Maryland. Because of draining medical supplies and little action from the government, we began this project to help frontline responders get the masks they need. To this day, we have donated over 5,500 masks and are also donating to Detention Centers. I believe that the inmate population is one group that is highly overlooked throughout all of America, yet face worse conditions (like crowded dormitories or sharing lavatories) that make them more liable for infection. To help prevent that spread, we donate to their facilities too.

This project began around four months ago when stumbling on an article online about how some front line responders were having to sew their own masks. I thought this would be an opportunity to give back to the community in some capacity. I believe that even as students, there is a level of personal responsibility each person has. This was my chance to give back and provide a source of untapped support for hospitalities. And although it is difficult to organize with so many students and coordinate every week to donate masks, the response from the nurses who collect our masks, the thank you notes, and the effort of our entire team makes everything worthwhile. I firmly believe we are saving lives.

https://www.covid9teens.org/
During our fellowship, the Future Star Program Fellows got a glimpse into Maryland’s political process and the rich history of the home of Maryland's legislature. On February 17th, we visited the Maryland State House in Annapolis, which is where the Maryland General Assembly convenes for 3 months out of the year, and the home to the offices of the state elected leadership.

The Maryland State House is not only the home of the Maryland General Assembly, but also the oldest state capitol in continuous use. Designated as a National Historic Landmark, the State House was previously home to the United States’ capitol and was where the Continental Congress convened for 2 years. Many interesting and historically significant events occurred there, such as the signing of the Treaty of Paris, marking the end of the revolutionary war, as well as George Washington resigning as the Commander-in-Chief.

We were able to take a tour of the historic building and see the places. We visited the old Senate chamber, where we saw a life size statue of George Washington giving his last speech as the commander-in-chief, when he resigned. We also saw a statue of Molly Ridout on a balcony on the back because women weren’t allowed on the Senate floor. This room encapsulated parts of the culture and society of the time using a few life-sized statues and physical space.

We were able to sit in on a session of the Senate and House, as well as meet with Lily Qi, a Maryland State Delegate District 15, a first-generation Chinese American lawmaker in Maryland. Qi was the keynote speaker for the kickoff for the FSP program and gave the fellows valuable advice about how to succeed as an Asian American in the workforce. She graciously took the time out of her day to give us advice on our futures and help us acquire our tour.
During this experience, we learned a lot about their state political process. We learned about the different committees of our state Congress and the general operations. This experience gave us the ability to feel more connected to the decisions made about us. Hudson Tao, an FSP Fellow, learned that “[the delegates] only gather for a few months of the year to work, then the rest of the year is kind of like an ‘off season.’”

Being able to watch the Representatives convene allowed us extra insight into the experience. For Tao, it took away part of the mystique and formality: “I used to think that it was a really formal process, but the [delegates] seemed to be laughing, cracking jokes, and having fun during the meeting. It was not as tense and formal as I thought it would be.”

Although we didn’t see any bills being passed, the experience was still informative. FSP Fellow Helen Qian stated, “We sat in at a time of day where the delegates weren’t engaged in lawmaking or debates; instead we listened to a speech and got to see pages at work, which was a new perspective for me into the day to day at the General Assembly.”

In terms of whether we would recommend a visit to the Maryland General Assembly, it seems to be a resounding yes from all the Fellows! Qian gives her opinion on how the experience could be educational: “I’d recommend a trip for anyone interested in local politics; it’s definitely a good opportunity to get a glimpse at your lawmakers and interest groups at work.”

Tao recommends the trip to all students, whether or not they’re interested in politics. He said, “If you’re interested in government and politics, then I would definitely recommend this trip as you get to see some of the inner workings of the legislative system. If not, I would still say that you could go since they have lots of cool exhibits that you get to see during the tour.” However, if you unfortunately cannot attend a tour in person, you can find a virtual tour of the Maryland State House here:

FAPAC Successfully Concluded 2019-2020 FSP

In support of Executive Order 13583 on establishing a coordinated government-wide initiative to promote diversity and inclusion in the Federal workforce, Federal Asian Pacific American Council (FAPAC, including NIH chapter, Parklawn chapter, and FDA chapter) launched a new Future Star Program (FSP) to offer individual mentoring and professional development for high school students in Fall 2019. FSP is aiming for attracting the best and talented young generation leaders into the 21st century public service workforce, improve workforce diversity, and serve the American people.

The first-year FSP program was inaugurated in 2019 and ran through September 2020. Followed with a roundtable discussion among the FSP Advisory Board co-chaired by Dr. Richard Nakamura, former Director of NIH Center for Scientific Review, Ms. Lily Qi, Delegate, Maryland General Assembly, and Dr. Clarence Lam, State Senator, Maryland General Assembly on Sep 17th, 2019, eight nominations of high school students were selected in the first cohort of FSP. On Oct 23rd 2019, the FSP kickoff meeting was successfully held in Rockville, MD. The 1st FSP cohort was introduced into the program by Mr. Kelvin Xu, FSP Co-Director and Dr. Xinzhi Zhang, FSP Co-Director, LCDR, USPHS. In this meeting, honorable Delegate Lily Qi shared her amazing path to becoming a first-generation Chinese American lawmaker in Maryland.

The FSP program started with the mentorship established between program mentors and the 1st cohort. In February 17th 2020, with great support from Delegate Lily Qi, FSP fellows were organized as a team to visit the Maryland General Assembly in Annapolis, MD, and sit in on a session of the Senate and House, as well as meet with Delegate Lily Qi, which offered special insights in the legislative system for the fellows.

In light of the beginning of COVID-19, the FSP fellows responded quickly to the pandemic and initiated a community project by setting up a website https://www.covid9teens.org/ to support the society through teenage engagement, focusing on raising money for COVID-19 relief. During the unprecedented time, they were dedicated to bringing public’s attention on COVID-19 by writing articles and making videos. They raised money by creating and selling stickers with positive messages such as recognition of medical workers at the frontlines. Their contributions to the community were very well appreciated. The motivation
and perseverance through the team work of the FSP 1st cohort was recognized by the mentors and board members.

On October 7th, 2020 the graduation ceremony of the 1st year FSP was held online. This event was opened with remarks from Dr. Richard Nakamura, co-chair of FSP Advisory Board and Ms. Olivia Adrian, FAPAC President (2016-2020), highlighting the importance of leadership and positive impact of FSP on the next generation. FSP fellows passionately shared their journey in the program, followed by speeches from two mentors, Dr. Qiao Bobo (FDA) and Dr. Dar-Ning Kung (NIH), sharing their experiences for mentoring, their career path, and encouragement with the young fellows. Two guest speakers, Mr. Perry Chan (Asian American Health Initiative, Montgomery County) and Dr. Yihong Ye shared their inspirational views about integrity and community. After the speeches, Mr. Peter Nguyen, FAPAC President (2020-2021) presented the certificates of FSP to the fellows and offered bright prospects for the students and the program. The event was closed with the announcement that Mr. Robert Sun is the Future Star of the Year by Mr. Kelvin Xu, FSP Co-Director.

Meeting recording is available at

https://cbiit.webex.com/recordiningservice/sites/cbiit/recording/playback/2281a226c1e54a20be5bf358f9b9915d

The successful FSP2019-2020 paved a solid way for the future cohorts and will have a global impact on the next generation of the future leaders from the community of Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs). The next cohort, FSP2021 will be announced in April, 2021.
In support of Executive Order 13583 on establishing a coordinated government-wide initiative to promote diversity and inclusion in the Federal workforce, Federal Asian Pacific American Council (FAPAC), including NIH, FDA and Parklawn chapters was excited to launch Future Star Program (FSP) in 2019. This will be the second year of FSP to offer individual mentoring and career counseling for high schoolers to promote professional development opportunities and expand the program across all FAPAC chapters.

FSP is open to all Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs) high school students and aims to assist next generation of young AANHPIs for youth internship opportunities, training, and volunteer opportunities in federal, state, and local governments. The FSP program is focused on the development of leadership skills for the individuals and promotes contribution to the community. FSP will help attract the best and talented young generation AANHPI leaders into the 21st century public service workforce, improve workforce diversity, and serve the American people. The first-year program was successfully carried out from October 2019 through September 2020. We are currently accepting the applications for the second cohort. The program is anticipated to run from July 2021 to August 2022.

The FSP is a tuition-free program that offers high school AANHPI students pairing with senior government employees (GS14 equivalent or above) in federal, state, or local government through mentorship. There will be monthly communication with minimum four face-to-face meetings in a year. Fellows are responsible for fulfilling all components of the FSP for successful completion of the program, which includes a community project with all the fellows in the same cohort. Both mentors and mentees should reserve a minimum of 12 hours of individual mentoring sessions. Optional workshops may be provided. The mentor will provide practical mentorship and career development advice for the AANHPI students and assist them in overcoming significant barriers to attain career development opportunities (e.g., internship, summer training camp) in competitive environments. The mentors will also demonstrate typical public service environment to the students, and help the student set higher career goals. The FSP will conclude with a Certificate of Future Star from FAPAC after one year and the opportunity for competing for FAPAC Future Star award presented in May AANHPI Heritage Month.

Topics covered by include the following, but are not limited to –

- How to find a government internship?
- How to communicate effectively?
- How to write & improve your CV?
- How to stand out in an interview?

For more information, please visit FSP website at [https://fapac.org/page-1862288](https://fapac.org/page-1862288) or 2019-2020 FSP community project at [https://www.covid9teens.org/](https://www.covid9teens.org/). For further questions, please contact FSP Executive Officer, Ye Yan at [fapac.fsp@gmail.com](mailto:fapac.fsp@gmail.com). To submit a nomination, please email your parent-sponsor form, a copy of Curriculum Vitae and a career goal essay (word limit: 200) to [fapac_fsp@gmail.com](mailto:fapac_fsp@gmail.com). Deadline to mail the package will be April 30, 2021. Incomplete nominations will not be considered.
New FAPAC NIH Promotional Material

By Catherine Yu

JOIN FAPAC.

FAPAC NIH was established in 2016 as a nonprofit, nonpartisan organization representing the civilian and military Asian Pacific American (APA) employees in the National Institutes of Health.

Federal Asian Pacific American Council

Become the next generation of AAPI leaders.

HTTPS://FAPAC.ORG/NIH-CHAPTER
Federal Asian Pacific American Council

This is Where It Starts.

Who We Are
The Federal Asian Pacific American Council (FAPAC) was founded in 1985. It is a nonprofit, nonpartisan organization representing the civilian and military Asian Pacific American (APA) employees in the Federal and District of Columbia governments. FAPAC is the oldest and largest AAPI affinity group for federally employed Asian Americans and Pacific Islanders.

Our Mission
FAPAC is an organization that promotes equal opportunity and cultural diversity for APAs within the Federal and District of Columbia governments. FAPAC encourages the participation and advancement of APAs in the Government work force.

Our Vision
FAPAC will be a nationally recognized organization that serves as a conduit through which the interests, issues and representation of Asian Pacific Americans in the Federal, State, County, City and District of Columbia governments are addressed. It will also promote partnerships with the public and private sectors in the community it serves.

NIH Chapter President: Xinzi Zheng - xinzi.zheng@nih.gov
NIH Chapter Vice President: Rina Des - desr2@nih.gov
Membership Committee Co-Chairs: Jue Chen - jue.chen@nih.gov
Catherine Yu - catherine.yu@nih.gov

https://fapac.org.nih-chapter
FAPAC NIH Chapter has its own page at FAPAC.ORG

NATIONAL INSTITUTES OF HEALTH CHAPTER (FAPAC NIH)

Based in Bethesda, Maryland, the FAPAC NIH was established in 2016. It is a nonprofit, nonpartisan organization representing the civilian and military Asian Pacific American (APA) employees in the National Institutes of Health.

NIH Chapter Constitutions and Bylaws.

Recent Accomplishments:

- Hosted and organized FAPAC HHS Forum on NIH campus in 2016 and 2017
- Hosted and organized leadership workshops on NIH campus since October 2016
- Established new Award Committee and Advisory Council for strategic planning in 2016
- Created FAPAC NIH membership recruitment flyer
- Initiated networking lunch series between two NIH FAPAC chapters in April 2018
- 2018 May AAP Heritage Month Observance with collaborations from NIH EDI, FAPAC HHS Pernikow Chapter, USPHS Asian Pacific American Officer Committee, Association of Asian Pacific Islander Employees of CDC and ATSDR, NIH APAD, and FDA colleagues

FAPAC NIH HEADLINES Newsletter

Editor-in-Chief: Andrew Yang
Associate Editor: Dan Xi

November 2020 Issue
October 2020 Issue
September 2020 Issue

FAPAC UPCOMING EVENTS

FAPAC 1st Friday Webinar: Life Insurance
December 04, 2020 15:00
Zoom Webinar

https://fapac.org/ NIH-chapter/
FAPAC FDA Chapter has its own page at FAPAC.ORG

https://fapac.org/fda-chapter/