

from the
Executive Director



James T. (Jim)
Currie, Ph.D.,
Colonel, USA Ret.

It Could Have Been Worse, though the Budget Numbers Were Bad Enough

President Trump's proposed 2020 budget was released to the public on 11 March 2019 (please see the HHS part of the budget on the COA website at <http://www.coausphs.org/media/2056/presidents-2020-budget-document-for-hhs-march-2019.pdf>). It could have been worse for the Commissioned Corps, though in terms of how some of the Public Health Service Operating Divisions are treated, this budget is bad for public health. This column will focus on two aspects of the budget: (1) those which directly address or affect the Commissioned Corps and (2) those which affect public health.

Everything is comparative, especially in the land of federal budgets, so the best we can do is compare this year's budget language with last year's document. That budget, as some of you probably recall, had some fairly

see **EXECUTIVE DIRECTOR** on page 16

American Red Cross Rolls Out Advance Life Support Training



by LCDR Anna Zimmerman

In February, the Military Training Network successfully completed the Uniformed Services University of the Health Sciences' (USUHS) inaugural pilot program of Advanced Life Support through the Red Cross. Not only was this USUHS's first year providing advanced life support certification as part of their training curriculum since 2014, but it was also the first class the American Red Cross successfully completed for their new certification: Advanced Life Support. The Military Health System is in the process of transitioning all of their training certifications from the American Heart Association to the American Red Cross. Until 2019, the American Red Cross did not have an Advanced Life Support certification, so this pilot course was a first, not only for the 178 medical students enrolled in the course, but also for the twenty-one instructors. Initially, this pilot course was designed to be completed within a three-day period; inclement weather required that it be condensed into two days. The course was held at the Val G. Hemming Simulation Center in Silver Spring, MD. Instructors came from USUHS, Walter Reed, Andrews Air Force Base, Fort Detrick, and Brooke Army Medical Center. Representatives from the American Red Cross and Military Training Network were also in attendance.

USPHS was represented on both sides at this event. LCDR Anna Zimmerman was one of the twenty-one instructors leading this event. She did not realize the significance of

see **RED CROSS** continued on page 17

Like Follow Share Comment



COA Member Benefits

Capitol Hill Representation

Efforts on Capitol Hill continually support all Commissioned Corps officers – active duty and retired

Local Representation

COA Local Branches provide venues for meeting fellow officers and a forum for the discussion of issues within the Commissioned Corps

Newsletter reports on monthly activities and items of interest about the Corps & COA

Insurance Programs

Low-cost insurance programs that may continue as long as your membership in COA remains current

\$7,500 for Online Degrees

\$7,500 scholarships to earn online degrees, which include:

MPH@GW
MHA@GW
HealthInformatics@GW
MBA@UNC
MBA@Simmons
HealthcareMBA@Simmons
IRonline (American)
MBA@American

NYMC Online MPH

50 percent discount for the online MPH and certificate programs

Scholarship Program

College scholarships for children and spouses of COA members

Ribbon

Authorized to be worn on the PHS uniform by members in good standing when attending COA functions



Legislative Update Supporting the Indian Health Service

by Judy Rensberger

“April is the cruelest month,” T.S. Eliot wrote in 1922 in the first line of his most famous poem. In the nation’s capital, April is the height of appropriations season, which is pretty much the same thing.

Although the President’s proposed budget is expected to get no traction in Congress, it still makes for mostly-depressing reading. Virtually every public health agency and sub-agency would take a hit. The extent to which Congress will address all that remains to be seen. There may be one potentially encouraging note – the Indian Health Service, which has been under-resourced for years, if not decades. The President’s budget hints at modest increases (see below).

IHS provides much-needed clinical care to under-served tribal populations that are at increased risk for a wide variety of acute and chronic diseases. (As I write, CDC is promoting a webinar on suicides in Indian Country, which exceed suicides in the general population.)

Approximately 2,000 PHS clinicians and health care administrators, including many of COA’s active-duty members, are working in Indian Country. They are spread thinly over twenty-nine States (July, 2018 data). COA advocates for decent, realistic funding of the Indian Health Service. COA also supports any efforts by PHS Headquarters to focus

recruitment and retention efforts there.

Advocates for the IHS

COA is not alone. A broad coalition of a dozen major health organizations advocates for better health care for American Indians and Alaskan Natives. It is called AI/AN Health Partners, and it focuses on the appropriations process. It is led by Judy Sherman, a former staff specialist on the House Appropriations Committee and a longtime lobbyist for improved health care for Native Americans.

COA is a member of the coalition, and by the time you read this, we will have met with majority staff of the House Appropriations Committee’s subcommittee on the Interior. We will have made, we hope, persuasive arguments for needed increases.

The Coalition wants to see substantial increases in each of three major areas: **workforce development**, primarily the loan repayment program for health care providers, and the scholarship program for American Indian and Alaska Native students who are pursuing health care careers; **decent staff quarters**, especially in remote areas, where available housing has been described as “trailers worse than dormitory housing;” and **modern medical equipment** such as, for example, a nurse call system to log and track patients’ information, and

see **LEGISLATIVE** continued on page 8

Movement is Power: PACE Participates in AAAS Family Science Days



CDR Paula Murrain-Hill assists a visitor on the sustainable bike while CDR Leo Gumapas monitors energy output.

by LT Lacreisha Ejike-King, LT Jong Ho Won, and CDR Leo Gumapas

The Suburban Maryland and Washington, D.C., Prevention through Active Community Engagement (PACE) teams recently joined forces to participate in the American Association for the Advancement of Science (AAAS) Family Science Days that took place on February 16-17, 2019, in Washington, D.C. The AAAS Family Science Days was a free, public science event that offered an array of hands-on family and child-friendly activities. Family Science Days occurred during the AAAS Annual Meeting, which is the largest general scientific conference in the world.

At Family Science Days, the Suburban Maryland and Washington, D.C. PACE teams hosted a booth with the theme *Movement is Power*. Eleven officers educated booth visitors about power in two ways: generating power for electricity and powering your body through physical activity. Participants had the opportunity to operate a sustainable bike to generate electricity to charge a battery that powers a music player. The team was able to use this opportunity to promote physical activity through the U.S. Department of Health and Human Services (HHS) "Move Your Way" campaign associated with the new physical fitness guidelines, which the Assistant Secretary for Health recently promoted. In addition to the education about the guidelines, we engaged with youth by asking them to identify three types of physical activity that

they enjoyed. Winners received a small prize.

The sustainable bike proved to be very popular among Family Science Days participants, especially the way in which it educated children about the maximum power output from their pedaling. This engendered competition among the children (and some parents), with some kids returning to the booth multiple times to ride the bike to break the record of forty-two Watts. Family Science Days also provided great visibility for the Commissioned Corps. Upon seeing our officers standing proudly in their uniforms, many visitors inquired about the Commissioned Corps. Those seeking additional information about the Commissioned Corps included current armed services members, students, and adults interested in becoming Commissioned Corps officers. We spoke with them about our mission and how we carry it out. We provided them with a handout about the Commissioned Corps.

Though our main objective for the *Movement is Power* booth was to educate families about science and public health, Family Science Days naturally created a space in which we as Commissioned Corps officers can empower local communities to live healthy lives. In addition to the many families, we also interfaced with fellow exhibitors. We were able to leverage this service opportunity to network and make beneficial connections with local community organizations that may further our reach with the PACE program in the Washington, D.C., metropolitan area. One of the government

Tucson COA Participates in Chef for a Day

by LCDR Laura Botkins

The Ronald McDonald House program provides free housing and meals for families with ill children receiving treatment in a city away from their homes. The Ronald McDonald vision is: "A world where all children have access to medical care, and their families are supported and actively involved in their children's care." Multiple families that have stayed in the house the past few years have been from remote parts of the Tohono O'odham Nation. The Tucson house is very special to the local COA branch as many of the officers provide healthcare to the tribe. On February 24, the officers prepared a pancake bar with fresh fruit and egg casserole in the Chef for a Day program.



Tucson row from left. Bottom row: CDR Billita Williams, LCDR Peter Golden, LCDR Laura Botkins, LCDR Jennifer Bongartz Top row: LCDR Thuc Ngo, CDR Kevin Zimmerman, CAPT Ruben Acuna, LT Laura Molander

Inaugural Four Corners COA Retirement Ceremony, Red Mesa, Arizona

by CAPT Julie A. Niven

On February 27, 2019, the Four Corners COA (FCCOA) held its first-ever USPHS retirement ceremony at the Four Corners Regional Health Center in Red Mesa, AZ. Approximately seventy clinic staff came to witness, participate in, and enjoy the ceremony. Following the event, there were many positive comments regarding the honor and dignity afforded the retiring officer. The Surgeon General's Honor Guard Drill and Ceremonies Manual (Nov 2017) served as a guide into the uncharted territory of the inaugural event. The script was modified and shortened to fit the size of the ceremony and those present. Appropriate invocation and benediction prayers were inputted into the script, and the Old Glory portion of the ceremony was a significant highlight of the event. The eight officers participating in the ceremony practiced their various parts after all the decorations were hung and the refreshment table was laid out. FCCOA presented LCDR David A. Zimbrick with a multi-signed retirement card, a challenge coin, a flag display case and a framed collage of the ceremony as tokens by which to remember his service. The honored officer was pleased and properly retired after almost four decades of public service.



Remarks from LCDR David Zimbrick



LCDR Zimbrick's retirement cake

How to Save a Life: White Mountain COA Answers the Surgeon General's Challenge to Carry Naloxone

by LCDR Nathanael Lemmon, MSN, RN, CPN; LT Fengyee Zhou, Pharm.D.

The effects of the opioid epidemic can be felt in every community across the country. The Centers for Disease Control and Prevention (CDC) reports that more than 130 people in the United States die every day from opioid overdoses. The estimated economic burden of the opioid crisis to this country is nearly \$80 billion annually. Leaders in public health not only have highlighted the destructiveness of this epidemic, but have also outlined long-term, evidence-based solutions to combat it. U.S. Surgeon General Vice Admiral Jerome Adams released an advisory in April 2018 where he highlighted the value of the life-saving medication naloxone and encouraged as many people as possible to have it readily available in the event of an opioid overdose. At the 2018 USPHS Symposium, VADM Adams challenged all USPHS officers to carry naloxone and to be ready to respond in the event of an opioid overdose.

On February 14, 2019, Whiteriver Service Unit (an Indian Health Service facility) and the officers of the White Mountain Commissioned Officers Association (WMCOA), most of whom work at Whiteriver Service Unit, were honored to host VADM Adams' site visit. While there, he reiterated the valuable roles we as healthcare providers and as USPHS officers can play regarding naloxone.

On that same day, the WMCOA held our bimonthly meeting. During that meeting, LT Fengyee Zhou, Pharm.D.,



Coordinator of the Naloxone Clinic, conducted a naloxone presentation and training to all twenty officers in attendance. The presentation included information regarding the severity of the nationwide opioid epidemic, the signs and symptoms of an opioid overdose, the pharmacologic mechanism of naloxone, the administration technique of naloxone, and the role of naloxone in the Basic Life Support (BLS) pathway. Additionally, LT Zhou addressed common concerns regarding carrying and using naloxone, including how officers and civilians can obtain it. He also addressed legal ramifications of using it.

By the end of the meeting, all twenty officers were certified in the use of naloxone. Less than two weeks later, five officers have requested and been dispensed naloxone. While this is a great start, WMCOA is eager to expand

the number of naloxone-trained and naloxone-carrying officers. In support of the Surgeon General's challenge, WMCOA is setting a goal of having all of our nearly-sixty officers trained in and carrying naloxone by the end of this year as part of our mission to protect, promote, and advance the health and safety of our nation.

In many States, naloxone can be obtained without a prescription. As a result of the 2018 Arizona Opioid Epidemic Act, Arizona's standing order allows any person to obtain naloxone through any pharmacy. Furthermore, Arizona's "Good Samaritan" laws provide legal protection to anyone who administers naloxone in good faith. Therefore, in the State of Arizona there is no reason for a PHS officer not to carry naloxone. At worst, it is unused and eventually expires; at best, you may save someone's life.



JOIN a COA COMMITTEE

Awards

Communications and PR

Legislative Affairs

Local Branch

Membership

Nominations

Resolutions and Constitution

Retiree and Alumni

Email us to volunteer at

coamembership@coausphs.org



Raising the Flag

by LCDR Richard Bashay III

When the new Retention Weight Standards went into effect October 1, 2018, I wanted to find a new gym to call home. Choosing the right gym can make all the difference in your training routine. One of my co-workers told me about Burnfit Athletics, which has cross-functional types of exercises. On my first day at the gym, I looked up of the left side of the wall and saw all the flags (United States, Air Force, Army, Marine, Navy, Coast Guard and POW/MIA and Veteran). At the end of the wall there was an empty space for another flag to be added.

That first workout was terrifying, and I needed many breaks, but I eventually I finished. I came back again and again to take part in the “Burn and Heat” classes which challenge your cardio endurance, muscular endurance, and stamina, while promoting weight loss and an improved physique. The trainers are experts at creating the daily workouts that will maximize your time to get results. After one class, I asked one of the trainers about the flags and mentioned that they were missing the United States Public Health Service (USPHS). This gave me the perfect opportunity to talk about the USPHS and the mission we perform. Speaking with the trainers I asked if I provided them a flag would they hang it among the others. The trainers said they would be happy to hang “Our” flag next to the other flags. Before I bought the flag, I made a personal resolution to lose twenty pounds within six months of going to the gym. The goal was achieved five months ago, and I still attend Burnfit Athletics, but it’s now my home gym. I’m proud to see the USPHS flag hang alongside the United States, Air Force, Army, Marine, Navy, Coast Guard and POW/MIA and Veteran flags.



LCDR Richard Bashay III working out.



LCDR Richard Bashay III with all flags displayed at Burnfit Athletics.

Healthy Eating and Active Living at Cedar Grove Elementary School

by LT Brendan Muoio

Eating healthy foods and exercising daily form the foundation of a healthy lifestyle. The officers of the Commissioned Corps of the United States Public Health Service brought this message to the first graders of Cedar Grove Elementary School as part of the Active Living and Healthy Eating Outreach Program, sponsored by the PharmPAC Public Health Subcommittee. Under the leadership of CDR Diane Nhu, this program is conducted at several elementary schools in Maryland on an annual basis. The goal of the program, which includes educational presentations and hands-on activities, is to promote health by empowering individuals to play an active role in choosing nutritious foods and ensuring adequate physical activity. The events provide children with motivation and information needed to make small changes to their daily routines to allow for a happier, healthier, and more active life.

Childhood obesity is a serious health problem in the United States. The Centers for Disease Control and Prevention estimated in 2015-2016 that nearly one in five school age children was classified as obese, with data indicating that the prevalence is on the rise.^{1,2} For children, obesity is generally defined by a body mass index (BMI) score at or above the 95th percentile on an age and gender-specific growth chart.² Childhood obesity is a complex condition that is influenced by many factors including social, behavioral, and genetic cues. The health consequences are equally complex, as this condition affects many organ systems throughout the body and is associated with the development of chronic disorders such as diabetes and hypertension. Further, many individuals that develop obesity in childhood continue to be obese into adulthood, exacerbating any concurrent morbidity and potentially leading to a shorter lifespan. Thus, early education and prevention are necessary in



Exercise Picture: CDR Hinchliffe leads first graders in exercises.



CDR Thomas Hinchliffe, LCDR Sophia Park, CDR Tina Nhu, CDR Duong (Diane) Nhu, LT Brendan Muoio, and CAPT John Quinn at Cedar Grove

taking steps to reduce the prevalence of obesity and promote public health.

On February 15, 2019, six officers and one civilian volunteer provided one such educational opportunity to over a hundred first graders at Cedar Grove Elementary School in Germantown, MD. The event consisted of a presentation, followed by small-group learning stations, concluding with an interactive relay game. The presentation entitled, "Healthy Eating, Active Living: Steps to a healthier you," was divided into five sections based on topic. These topics

included an introduction of the program, brief information on the PHS, description of the five food groups, demonstration of physical activities, a discussion of the importance of breakfast, and concluding tips for a healthier life. The presentation was very interactive and included question-and-answer portions, as well as opportunities to practice exercises during the physical activity discussion.

Following the presentation, the students were divided into three groups to rotate through the learning stations. The learning

see **CEDAR GROVE** continued on page 8



LT Brendan Muoio Picture: LT Muoio explains the five food groups and benefits of healthy eating.

CEDAR GROVE from page 7

stations were designed to reinforce discussion about the five food groups, and as such, were separated into grains and proteins, fruits and vegetables, and dairy. Each station had colorful visual displays and plastic replicas of various foods to serve as props and support materials. The smaller groups allowed for the discussion of more complex topics such as proper portion sizes for individual food groups, how to identify whole grains, the differences between fruits and vegetables, and ways to obtain calcium for those that do not consume dairy. Officers employed strategies such as the use of mini-games and anecdotes to keep the students engaged in learning.

The final activity involved a relay game where students were given a card containing an item from one of the food groups and instructed to place the card in the corresponding labeled bin. The activity was a fun way for the students to practice the information that they had learned by demonstrating an understanding of which foods belong to a certain group. It also

provided a great opportunity for physical activity and social time with peers.

The event was well-received by students and teachers alike. The Public Health Work Group received great feedback and praise from the teachers at Cedar Grove Elementary, as well as appreciation for their support of health education. All participating officers likewise enjoyed the opportunity for outreach and are excited to continue this event.

Special thanks to the following officers who dedicated their time and efforts to make this event a success: CAPT John Quinn, CDR Diane Nhu, CDR Tina Nhu, CDR Thomas Hinchliffe, LCDR Sophia Park, and LT Brendan Muoio.

PHS Officers who want to participate in future events should contact CDR Nhu at duong.nhu@fda.hhs.gov.

References

1. "DNPAO Data, Trends and Maps: Explore by Location | CDC." Centers for Disease Control and Prevention. Accessed March 01, 2019. https://nccd.cdc.gov/dnpao_dtm/rdPage.aspx?rdReport=DNPAO_DTM_ExploreByLocation&rdRequestForwarding=Form.
2. "Obesity Facts | Healthy Schools | CDC." Centers for Disease Control and Prevention. Accessed March 01, 2019. <https://www.cdc.gov/healthyschools/obesity/facts.htm>.

PACE from page 3

organizations that joined AAAS Family Science Days, the Washington, DC, Division of Forensic Sciences, has already reached out to us and had an informal meeting to discuss a potential collaboration opportunity in the areas of opioids, legionella risk mitigation, and flu.

Over the course of the weekend, the *Movement is Power* booth attracted 758 visitors. AAAS Family Science Days was a successful event for the Commissioned Corps in that we were able to promote science and health among individuals in the local community and international conference participants, increase the visibility of the Commissioned Corps, and connect with local organizations to increase our service presence in the Washington, D.C., metropolitan area. This event proved that movement, whether to generate electricity, to exercise to promote healthy living, or to foster and sustain community partnerships, is indeed power!

LEGISLATIVE from page 2

up-to-date x-ray technology. (Using a portable x-ray machine that has exceeded its "useful life," means a reduced Medicare reimbursement rate.)

The Funding Outlook?

It is too early to predict how the Indian Health Service ultimately will fare. In mid-March, the Department of Health and Human Services released a "Funding Highlights" document that says the President's budget "strengthens health services for American Indians and Alaska Natives." How? By "funding the staffing and operations of new facilities, and by extending services to newly recognized tribes."

The document also says the President's budget would help recruit and retain health professionals by funding competitive employment packages for positions with high vacancies in Indian Country, and by building new staff quarters at remote sites. It would also modernize the agency's electronic health record system.

All that sounds promising. As of this writing, however, we have seen no hard numbers attached. Stay tuned.

11th Annual Anchor and Caduceus Dinner

by CDR Sharon Rhynes and LT Carol Robinson

The Atlanta Commissioned Officers Association (ACOA) held its 11th Annual Anchor and Caduceus Dinner on Saturday, February 9, 2019, at Druid Hills Golf Club, Atlanta, GA.

The dinner celebrated the 130th birthday of the U.S. Public Health Service Commissioned Corps. RADM (ret.) Sven Rodenbeck served as Master of Ceremonies for the event. CDR Sapna Bamrah Morris led the Invocation, and ACOA President LCDR Katrina Sloan provided the Welcome and Introductions of the distinguished guests. LCDR Jona Johnson, ACOA Vice-President, performed the End-of-Watch Bell Ceremony.

LCDR Sloan presented the ACOA Officer of the Year Award to LT Tanesha Tutt and the Committee Member of the Year Award to LCDR Virginia Bowen. Also present for the dinner was Col. James T. Currie, USA (ret.), Executive Director Commissioned Officers Association (COA) and Commissioned Officers Foundation (COF), who provided updates as it relates to COA activities in support of all officers.

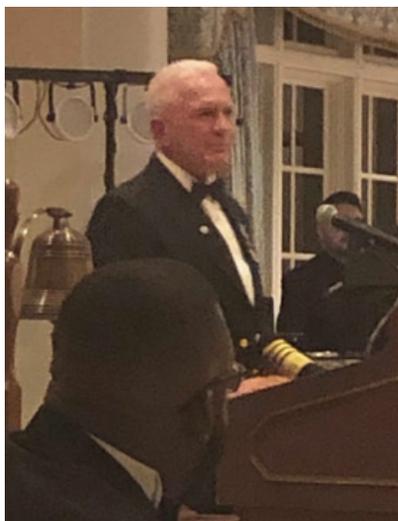
Assistant Secretary for Health ADM Brett Giroir provided the Keynote Address providing a high-level summary of HHS initiatives and his vision as it relates to Commissioned Corps Modernization. ADM Giroir expressed his sincere thanks to all officers for their flexibility and perseverance as we transition into a stronger and more capable Commissioned Corps. ADM Giroir's speech was followed by formal toasts, cake ceremony, and closing remarks provided by RADM (ret.) Clara Cobb and LCDR Katrina Sloan.

A Silent Auction was held throughout the evening to benefit the Commissioned Officers Foundation Dependent Scholarship Fund. A special thanks to Silent Auction Sponsors:

INTOWN Ace Hardware, RADM (ret.) Anne Schuchat, RADM Stephen Redd, RADM Michael Iademarco, RADM Wanda Barfield, RADM Jon Mermin, CAPT Peter Kowalksi, CAPT John Iskander, CAPT Virginia Lee, CDR Sapna Morri, Wahoo Grille, CDR Diane Morof, LCDR Jona Johnson, Morgan Salas, LCDR Erin Grasso, LT Shayne Gallaway, Candler Park Market, G Demeritte Photograph, ATL Beltline Partnership, General Muir, Fresh 2 Orde, Pike's Nursery, Hongar Farms Gourmet Foods



Atlanta USPHS Music Ensemble LCDR Folasade Kembi, CDR Elissa Meites, & LCDR Gabriel McLemore



Assistant Secretary for Health ADM Brett Giroir



Cake Ceremony with ADM Brett Giroir & LT Sandy Miller

Get a 50% Tuition Discount For a Degree or Certificate in Public Health from New York Medical College



Study the environmental factors that impact our health, socio-economic and political wellbeing of our communities with the Advanced Certificate in Environmental Health Science. Acquire an integrated and multi-disciplinary approach to the management of safety issues in the workplace. At New York Medical College (NYMC) School of Health Sciences and Practice (SHSP) you can earn an advanced certificate in Environmental Health Sciences or Industrial Hygiene, or a Master of Public Health (M.P.H.) in Behavioral Sciences and Health Promotion, Epidemiology, Environmental Health Science or Health Policy Management.

Benefit From Our Connection to U.S. Public Health Service

Students in our Environmental Health Science M.P.H. program benefit from a special relationship with environmental health officers of the U.S. Public Health Service (USPHS), who provide our students with internship opportunities and active duty assignments.

Program Highlights

- The advanced certificates in Industrial Hygiene and Environmental Health are offered in a fully-online distance education format.
- 50 percent tuition discount for active duty service members including U.S. Public Health Service Commissioned Corps officers and U.S. Department of Health and Human Service (HHS) employees.
- Certificates may be taken independently and upon completion may serve as an entry to the M.P.H. program or may be completed as part of a degree in any of the degree program areas.
- The faculty includes internationally-recognized practitioners and scholars with significant experience in international health and ties to the United Nations.
- Accredited by the Council on Education for Public Health (CEPH).

Ready to apply?

Apply now at www.sophas.org. For more information visit www.nymc.edu/usphs or call (914) 594-4510.

Leadership: Health and Wellness

by CAPT Charlene Majersky, Ph.D.

One of my top priorities in 2019 is to develop and implement an education and training program from the perspective of health and wellness. As a leader, I believe it's my fundamental responsibility to create and sustain a healthy work environment where employees have ample opportunities to grow and work toward being their best selves. The cold reality is that not all work environments and cultures are healthy and exhibit positivity.

Stress is evident in the world. This is not breaking news or a novel notion. Add in chaos and confusion; the result is highly-stressed and unbalanced individuals. The truth is that stress exists; the key is how to manage it effectively and in a healthy manner, so it doesn't take control over you and your life.

I offer four pragmatic suggestions for your consideration:

First, take excellent care of yourself in whole, meaning spiritually, emotionally, and physically. This isn't being selfish; it's exercising wisdom in a deep and profound way because if you don't take care of yourself, it's difficult for you to take care of others.

Second, develop a list of effective coping strategies for stress. This is your go-to list for when the going gets tough. Having a list that is accessible to you is helpful because it's important to have something tangible and concrete to refer to that will help you shift from being in a state of high stress to decreasing and/or abating the stress. For example, taking a walk or engaging in another form of physical exercise, soaking in a warm bath, drinking a cup of green tea, calling a friend, listening to music that resonates with you, or writing your thoughts and feelings in a journal. Everyone's list will be different. It's imperative to find modalities that work for

you.

Third, practicing mindfulness daily is an excellent tool because it has numerous value-added benefits. For example, calming your mind and exhibiting clarity can help you to move more seamlessly into the next phase, which is to discern what direction to take. Meditation is a technique that can help you to cultivate calm, clarity, and loving-kindness into your life.

Fourth, setting healthy boundaries and limits is key. If you say no, it doesn't mean you're not being a team player. Saying no without feeling guilty can be a challenge. Getting burnt out doesn't serve anyone well.

Sometimes if we aren't able to help ourselves, we might need to ask for

professional help. This is not a sign of weakness or failure; instead, it's a sign of courage and strength. Give yourself credit for trying, and don't criticize yourself, because it will only make you feel worse. To reiterate, asking for help is a form of taking care of yourself in a positive way.

In conclusion, stress is a natural part of life. We are capable of not allowing stress to take control over us and our lives, if we practice our individual stress management techniques. Addressing a stressful situation affords you an opportunity to change that moment in time, to shift to more skillful ways of dealing with the stress. Managing stress in a healthy way aids in our overall health and well-being, as we continue on our journey to becoming our best selves.

Cheers to a new year of optimal health and wellness!

CDC Pharmacists Team up with Georgia Overdose Prevention to Provide Naloxone Training

by LCDR Rachael L. Cook

CDC pharmacists CDR Marisol Martinez, LCDR Jennifer Lind, and LCDR Marie Johnston teamed up with Andy Gish, RN, from Georgia Overdose Prevention to offer Atlanta-area Public Health Service (PHS) officers and CDC employees training on opioid addiction, opioid overdose, and the opioid overdose-reversal agent, naloxone. The training was held at CDC's Chamblee Campus on Tuesday, October 16, 2018, and the room was packed with officers and civilian healthcare providers. In fact, there was so much interest in the training that the coordinators are already planning on offering a second training course. The training lasted about ninety minutes, during which Ms. Gish discussed her personal experiences treating overdose victims while working as an emergency room nurse at Northside Hospital. She also spoke about the Good Samaritan laws, like Georgia's 911 Medical Amnesty and Expanded Naloxone Access Law, that protect people who seek medical help for an individual who is overdosing. She also addressed the epidemiology of the opioid epidemic, signs of opioid overdose, how to reverse an opioid overdose, and the important work being done to address this epidemic in Georgia by the Georgia Overdose Prevention group and the Atlanta Harm Reduction Coalition.

During the training something miraculous happened. Not one person in the room so much as looked at their phone, nobody was on their laptop, and nobody was chatting with their neighbor. Everyone was completely engaged in the presentation. One of the things that made the training so engaging was Ms. Gish and her enthusiasm. She has extensive hands-on experience combating opioid overdoses and has worked tirelessly to educate communities around Georgia and to secure the passage of laws to protect good Samaritans and make naloxone more accessible. Ms. Gish explained the eight steps to administering Narcan Nasal Spray, the easiest dosage form of naloxone to administer:



CDR Martinez and Ms. Gish Showing Narcan Nasal Spray



The Attentive Audience

see **NALOXONE** continued on page 12

NALOXONE from page 12

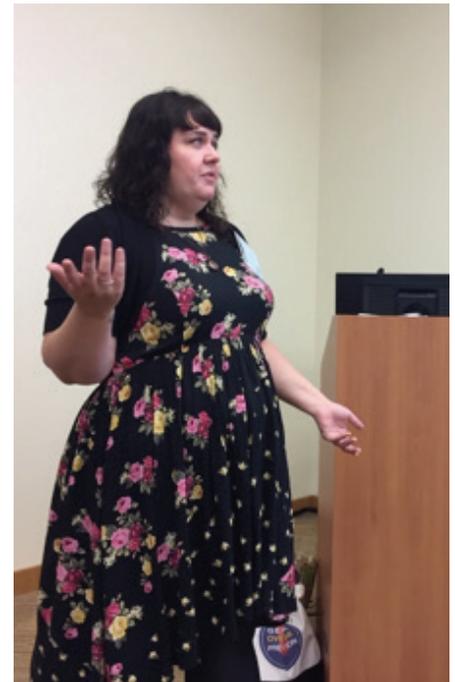
1. Establish unresponsiveness using the sternal rub technique; place the victim on the ground on their back if possible; and open the blister pack.
2. Put your hand behind the victim's neck and lift up, so their head tilts back.
3. Put the nozzle in victim's nostril until your fingertips touch the bottom of their nose.
4. Depress the plunger.
5. Call 911. If no response from the victim in 2 minutes, open another Narcan Nasal Spray, put the nozzle in victim's other nostril and depress the plunger.
6. You may continue to give doses every 2 minutes until the victim is responsive or medical help arrives.
7. Place victim on their left side in a recovery position when they begin breathing.
8. Stay with the victim until medical help arrives.

Ms. Gish also discussed ways to obtain naloxone in the state of Georgia, including through a Standing Order, which allows anyone to go to any pharmacy in Georgia and purchase naloxone without a prescription. She explained that most insurance companies will cover naloxone in injectable or nasal spray dosage forms.

Following Ms. Gish's presentation, CDR Martinez explained four ways that pharmacists can make a positive impact in the battle against opioid addiction, including:

1. Develop and implement new protocols.
2. Utilize a team-approach (including a pharmacist on medical teams) to addressing patient's medical needs.
3. Use prescription drug monitoring programs (PDMPs) to see when and where patients have filled opioid and other controlled substance prescriptions.
4. Administer and dispense naloxone.

This training is in line with Surgeon General Jerome Adams' Advisory on



Ms. Gish Explaining How to Obtain Naloxone

Naloxone and Opioid Overdose, in which he called on healthcare practitioners, family and friends of people with an opioid addiction, and community members to carry naloxone and save a life. You too, have the ability to carry naloxone and to save a life.

An advertisement for the Keck School of Medicine of USC. The top section has a dark red background with the text "Keck School of Medicine of USC" in white and yellow. Below this is a black banner with "ONLINE MASTER OF PUBLIC HEALTH" in white. The middle section features a group of diverse graduates in black and red graduation gowns and caps, smiling. The bottom section has a black background with the text "Earn your MPH from USC 100% Online" in yellow and white. At the very bottom is a yellow button with the text "Learn More" and a circular arrow icon.

Operation Bushmaster at the Uniformed Services University

by LCDR Brian Buschman

Each year the Uniformed Services University (USU) has a large practical exercise in field military medicine called Operation Bushmaster. The medical school curriculum is taught in a fashion to train quality physicians and also military medical leaders. During their fourth year in this curriculum, the students prepare for an exercise that serves as their final examination in military and emergency medicine.

The physician students from the US Public Health Service (PHS), Army, Navy and Air Force are broken up into platoons and integrated with students from USU's Graduate School of Nursing and military medical students from other allied nations. They are guided by a group of Uniformed Services faculty from all branches. PHS faculty consistently include physicians working as faculty directly with and evaluating the students as well as pharmacist and psychologists serving in medical logistics roles to help regulate the expendable supplies available to the students.

These students spend several months at home preparing to lead a medical forward operating base providing initial medical evaluation, stabilization, and evacuation as needed. When October comes, they head out to the field where the exercise is conducted at Ft. Indiantown Gap in central Pennsylvania. The location provides an excellent backdrop for the exercise since the students are surrounded by constant training activity from the Pennsylvania Army National Guard. This includes a nearly endless pattern of helicopters overhead, constant small arms fire from the nearby ranges, and frequent sightings of drone operations. The training range is occasionally filled with the smell of heavy artillery fire.

The scenario is set in the fictional nation of Atropia, which has a history, culture, and geography, as well as a full battle plan for operations within the country. The USU students study the larger mission to know where their unit fits in and what operations are being conducted nearby. Early on the morning after they arrive, they deploy from the comfort of the heated barracks. Donning the weight of ballistic vest carriers and Kevlar



helmets, they climb into tactical vehicles to setup their Forward Operating Base.

During their week in the field, the medical students rotate through all the major roles on the team including team leader, surgeon, preventative medicine, combat stress controller (psychology), ambulance team, and others. Since the student's primary focus has been on medicine, many of the students must quickly learn how to lead the overall team to accomplish their medical mission. Other students are able to increase their skills in hands-on forward medicine as they treat many moulaged patients, as well as high-fidelity medical simulators. For all,

it is an opportunity to see what it takes to move patients from the point of injury back to the aid station in a hostile area.

To help students learn to operate in simulated combat settings, they are placed under significant stress, including dining on MREs, sleeping on cots, and working sixteen hour days before breaking to rehearse through the night. As the stress becomes obvious, faculty adjust the stress level as needed. Throughout the week, the faculty observes the growth of these new leaders as they carry out their final mass casualty exercise to finish the week.



USPHS Officers Support the 25th Annual Winterhaven Stand Down at the DC Veterans Affairs Medical Center (VAMC)

by LT Jennifer Weekes, LT Jamillah Bynum, and LT Candice Karber

The U.S. Department of Veterans Affairs Medical Center (VAMC) at 50 Irving Street, NW, Washington, DC, hosted its 25th annual Winterhaven Stand Down in January, 2019. This major outreach event provides a one-stop-shop resource venue for veterans and their families in the Washington, DC, metropolitan area (including Maryland and Virginia) who are homeless, at-risk of homelessness, underemployed, or unemployed. This year, over seventy-five Federal and State government agencies, Veteran Service Organizations, and public-private partners were on-hand to provide services, information, and resources to 672 Veterans.

The VAMC describes the Winterhaven Stand Down as a community effort that brings together VAMC employees and over 450 volunteers, as well as donors and sponsors committed to ending Veteran homelessness. Veterans received medical screenings, immunization and specialty care, employment and housing support, legal counseling, hot meals, warm clothing, and new boots/shoes, comfort kits, haircuts, and much more. Of the 672 Veterans who participated, 63 were women who checked into the Women's Health Clinic, and many received mammograms with same-day results.

Eight USPHS Officers supported this year's event and were assigned to the HUD Veterans Affinity Group (VAG) and Partners New Boot/Shoe distribution center. The officers and other volunteers distributed over 640 pairs of new boots/shoes to veterans and their families. The officers supported the entire day's event by working two shifts: morning (0730 – 1100) and afternoon (1100 – 1430). The morning shift arrived promptly at 0730 to assist with setting up the distribution center and categorizing hundreds of shoes for an efficient distribution process. Wearing ODUs, USPHS Officers were honored by being tasked with welcoming veterans to the area of operation, reviewing required paperwork for eligibility, obtaining and confirming their shoes sizes, and presenting veterans with their shoes. This created increased visibility for USPHS officers and was an excellent opportunity to educate veterans, VA employees, and other volunteers, donors, and partners about the Corps. The USPHS officers demonstrated outstanding teamwork for a highly successful distribution process. It was rewarding to support this great cause and to thank veterans for their service to our nation. Please join us next year for our fifth year of service supporting the Washington, DC, VAMC to end homelessness among veterans.

Special thanks and appreciation to all USPHS officers who participated in this event.



EXECUTIVE DIRECTOR from page 1

harsh language directed at the Commissioned Corps. For those who might have forgotten the specifics, here's what it said:

HHS is committed to providing the best public health services and emergency response at the lowest cost and is undertaking a comprehensive look at how the Commissioned Corps is structured. The specific recommendations and plans resulting from this analysis will be released in the months to come and could range from phasing out unnecessary Corps functions to reinventing the Corps into a smaller, more targeted cadre focused on providing the most vital public health services and emergency response. The goal of this proposal is to modernize how the Government employs public health professionals and how HHS responds to public health emergencies, saving Federal funds and reducing duplication while safeguarding the well-being of the Nation.

This language was followed in June of 2018 by the Office of Management and Budget (OMB) proposal to cut the Commissioned Corps by thirty-eight percent, a proposal which does not seem to have re-surfaced directly in the 2020 budget (please see the June 2018 OMB proposal on the COA website at <http://www.coausphs.org/media/1881/omb-proposal-to-cut-the-commissioned-corps-june-2018.pdf>).

In the 2020 budget proposal under the heading "Reforms and Improves the U.S. Public Health Service Commissioned Corps," is the following:

The Budget proposes to transform the Corps into a leaner and more efficient organization that would be better prepared to respond to public health emergencies and provide vital health services.

The Budget significantly reduces the number of Corps officers working in non-mission critical positions and increases the number of officers working in mission critical positions. The Budget creates a Ready Reserve Corps similar to those used by other uniformed services to provide additional surge capacity during public health emergencies. The Budget also makes changes to the funding structure of the Corps' retirement pay and survivor's benefits to align with how the Government pays for almost all civilian and military retirement costs.

The more detailed analysis of the HHS budget (available at: <https://www.hhs.gov/sites/default/files/fy-2020-budget-in-brief.pdf>) makes some additional statements about the Commissioned Corps. On page 141 of this document is the following:

The ASH [Assistant Secretary for Health, ADM Giroir] initiated an extensive plan to modernize the Corps structure, organization, and force strength to meet the current and future needs of the nation. This modernization plan will: strategically decrease positions filled by Corps officers in non-mission-priority areas and functions; recruit new officers to serve specific underserved and vulnerable population missions; establish a highly-trained, deployable, and fully capable Ready Reserve Corps; and deliver annual training to the Regular Corps to meet current and emerging mission requirements.

The FY 2020 Budget provides \$3 million within the Immediate Office of the ASH to implement the planning phase for the Ready Reserve.

My analysis is that ADM Giroir got fairly much what he wanted in this document with regard to the Commissioned Corps. Despite the meaningless budget language about "significantly reduc[ing] the number of Corps officers working in non-mission critical positions," it appears that the Administration has accepted ADM Giroir's vision of the Commissioned Corps, including funds for training and for a Corps Reserve, both of which initiatives are on COA's wish list. COA has long endorsed the idea of a Reserve Corps to parallel the active duty Commissioned Corps, and we have attempted to gain dedicated training funds for Corps officers. COA has talked about these, and we have lobbied for them. We hope Congress will embrace them and make them happen.

ADM Giroir has privately assured us at COA—and I believe he has done the same in public forums—that no officer currently in the Corps has to worry about being let go because of the job they are in. Officers might be let go if they are not deployable, including meeting height/weight standards. These standards have been around for many years; they just weren't enforced until recently.

We have raised questions with PHS HQ about the implementation of some of the announced "reforms" that have emanated from PHS headquarters, such as the attempt to align the Commissioned Corps with the military services in terms of promotion and pass-over, and we have not been entirely satisfied with the responses given to us. For example, why do you as Corps officers have to stand for two different promotions, temporary and permanent? The other uniformed services eliminated such dual exposure decades ago. We believe the PHS is the last service using it, and we have asked why this is so. Are their benefits and advantages to the Corps that we can't see? We would like to know. We also know that the selection rate for promotion is much higher in the military services than in the Commissioned Corps. It also takes longer time-in-service before you are eligible for promotion in the military services, so that may be the trade-off.

We know that during the 11 February Town Hall, it was announced that the ASH/SG goal for the Corps is 7700 active duty officers, an increase from 6500, or whatever it is now. The ASH and SG also proposed a Reserve Corps of up to 2500 officers, leading to a total Corps—active and reserve—over 10,000 strong. We commend ADM Giroir and VADM Adams for these proposals.

The 2020 budget proposal to change the manner in which your retirement pay is calculated is pure mischief, as far as we are concerned. This same idea was included in the OMB proposal of last June. Such a change would require that every agency and department where a PHS officer is assigned provide a proportionate share of the officer's ultimate retired pay. The way your retired pay is currently calculated and provided is the same way in which DoD does it for its personnel: a group of actuaries figures out how much will be needed in the coming year, and Congress appropriates that amount of money to HHS in a line item. It is an "entitlement," and that's what you get.

The only reason for changing the way in which your retired pay is set out in the overall federal budget would be to make it appear that you are more expensive than you are to the agencies and departments where you work. The federal government would not save one nickel in retired pay under the proposal, and the change would undoubtedly cost more than does the present system because of increased complexity in administering it.

What this proposal clearly suggests to us is that there is someone—

RED CROSS from page 1

the event until she arrived the first morning. “I just needed to teach courses to keep up my American Heart Association ACLS certification, and as the introductions were going around the table, I realized I was in a room full of interagency executives. I did not realize until the course was almost done that this was American Red Cross’s first Advanced Life Support course, and that the Defense Health Agency was converting over.” While the transition to American Red Cross is underway for the Military Training Network at USUHS, the goal for the American Red Cross’ Advanced Life Support certification is to become accepted among hospitals nationwide.

The American Red Cross’ program offers a new blended approach where students can utilize online and in-person training. The course uses scenarios representing broader patients’ care while utilizing the same science-based treatment guidelines outlined in the International Liaison Committee on Resuscitation used by the American Heart Association, ensuring patient care is not compromised. “The Red Cross curriculum provides our units the enhanced capability to meet their mission needs through multiple teaching methods and in a framework that best suits the students’ needs,” said Air Force Lt. Col. Jon Sinclair, director, Military Training Network, Uniformed Services University.

Blood Drive at the Symposium

Join the Battle of the USPHS Commissioned Corps Categories Blood Drive during the USPHS Symposium! Register now to Donate Blood at the Minneapolis Convention Center Rooms 200 A B I&J on Tuesday, May 7, 2019 between 8:00am – 4:00pm to save a life, increase awareness of blood disorders, and get points for your Category! Go to Blood Drive Registration or <https://rcblood.org/2K0MqN6> to register!

For more info contact:

Shondelle.Wilson-Frederick@cms.hhs.gov.

EXECUTIVE DIRECTOR from page 16

perhaps several “someones”--at the Office of Management and Budget who doesn’t like or appreciate the Commissioned Corps and is out to hurt it. Either that, or they are very stupid. It’s really hard to tell which it is. We at COA have met with OMB budget examiners, and they won’t tell us where this cockamamie idea originated. We will alert our friends on the Hill that we do not favor it.

As for overall budget numbers, the President’s proposal for 2020 is a 12 percent cut in the Health and Human Services budget, including significant cuts in the budgets for both the National Institutes of Health (\$5 billion reduction) and the Centers for Disease Control and Prevention (\$750 million reduction). The President’s chief economic advisor, Larry Kudlow, has bragged that this budget cuts domestic spending by an average of 5 percent across the board while increasing military spending by 4.7 percent.

I spent eighteen years teaching at a Defense Department “war college,” and we analyzed the DoD budget every year. DoD’s financial appetite is insatiable. Its desire for the latest and most expensive new equipment—egged on by the military-industrial complex about which President Eisenhower, himself a former five-star general, warned—is insatiable. If you gave DoD every dollar of the federal budget, you would hear some folks at Defense argue that it was still not enough. The amount we spend on Defense is, in my opinion, excessive, equal, the last time I checked, to about what the next ten countries spend, together. Meanwhile, we have unvaccinated children and families in

our own country without potable water. Enough is enough.

There is, as you know, no direct line item in the budget for the Commissioned Corps, so the effects of reductions at places like NIH and CDC, if they were taken as proposed, would be felt indirectly by Corps officers, if at all.

The truth is, however, that much of this budget proposal is dead-on-arrival on Capitol Hill. I say this in a non-partisan fashion, because every President’s budget is largely DOA on the Hill. Even when a President’s party controls both houses of Congress, as the Republicans did in 2017 and 2018, members of Congress are not inclined to roll over and meekly accept whatever the President throws their way. President’s have their own priorities, and those priorities do not necessarily coincide with those of Capitol Hill. Parliamentary systems of government are different, and in places like the United Kingdom, the chief executive of the country (the Prime Minister) is much more likely to get her or his way with the budget. That’s not our system, and every President has to learn that political truth. Some are very good at it—Lyndon Johnson comes to mind—and some are very poor at it.

This will all play out over the next few months. My prediction is that we may be in for another shut-down fight come the end of the fiscal year. COA has already started making its presence known on Capitol Hill on issues involving this budget, and we’d appreciate hearing from you as we do so.

Correction

For the article, Dietitian Officers Celebrating 75 Years of Commissioning, published in the March 2019 issue, the caption on the cover page should have read as, "LT Brenda Riojas administering medical nutrition therapy during a Commissioned Corps deployment to Puerto Rico."

Reminder

Submissions to *Frontline* are a maximum of 750 words in length. Articles that exceed this length will be cut.

PHS Commissioned Officers Foundation

Donations Received, March 1 to 31, 2019

Platinum (\$1000)

CAPT (ret.) John J. Bartko, (Ensemble)
CAPT (ret.) George A. Durgin, Jr.

Gold (\$500)

John Joseph DiMaggio (Trustee)

Silver (\$250)

RADM (ret.) George A. Reich
Stephen Deming

Bronze (\$100)

RADM (ret.) Steven L. Solomon
(Trustee and COA Board)
CAPT (ret.) Dean J. Coppola
(Trustee and COA Board)
LCDR (ret.) James E. McSweeney
John C. White
CDR James L. Kenney, III

Friends (Under \$100)

CDR Catherine A. Rockwell
LCDR Jessica L. Damon
CAPT Tonjus M. Mason
CAPT Maria D. Benke
CDR Catherine A. Rockwell
LCDR Jessica L. Damon
CAPT (ret.) John J. Henderson
Mrs. Carol Dellapenna
CAPT Tonjus M. Mason
CAPT Mark A. Anderson



Donation Levels

Leadership Society. . . . \$10,000
President's Society. . . . \$5,000
Founder's Society. . . . \$2,500
Platinum. \$1,000
Gold. \$500
Silver. \$250
Bronze. \$100

Visit
phscof.org/giving
to donate online
today!

We Welcome New Members of COA, March 1 to 31, 2019

LT Ubong Akpan • LT Dennis Anderson-Villauz • LT Lorna Benoit
LT Johnna Bleem • LT Christopher Bolen • LT Mark Burkart
CAPT Carl Chancey (Ret.) • LT Amber Cleveland • CAPT Dustin Colegrove
LT Oyinlola Fadare • LCDR Joseph Fontana • LT Kelly Genskow
LT Bryan Gunter • CDR Marna Hoard • LT Hyun Jin • LT Jasmeet Kalsi
LT Jessica Kaminski • LT Sidney Knight • LT Nora Lim • LCDR Troy Litsinberger
LT Rachel McBride • ENS Ray Moore (Ret.) • LT Angela Ogunsuyi
LTJG Oluwasina Oguntomi • LT Oyebola Oladeinde • LT Alicia Palazzolo
LT Brian Reiner • LT Melina Rodriguez Upton • LT Jacquelynn Showalter-Etsitty
LCDR Timothy Taylor • LT Krista Watson • LT Bryan Wilson

COA Donations

Commissioned Officers Association
of the USPHS Donations Received,

March 1 to 31, 2019

LCDR Jennifer J. Clements
LCDR Joseph R. Fontana

Greater NYCOA Supports the NYC 2019 Homeless Outreach Population Estimate Count

by CDR Karina D. Aguilar, LCDR Tunesia Mitchell, LT Mouhamed Halwani

Every January, thousands of volunteers across the five boroughs of New York City (NYC) participate in the annual Homeless Outreach Population Estimate (HOPE). HOPE is required by the U.S. Department of Housing and Urban Development (HUD), and is a requirement for receiving funding under the McKinney-Vento Homeless Assistance Act.

On the chilly evening of 28-29 January 2019, from 10:00 pm to 4:00 am, the Greater NYCOA joined 4,200 volunteers to canvass streets, parks, and other public spaces to identify individuals living unsheltered. The volunteers started the evening with a one-hour training session, which explained the purpose and goals of the event and how to interview the individuals encountered. On this night, however it was advised that since the weather was below freezing, Code Blue would go into effect, and volunteers were required to wake up anyone they found sleeping and ask if they wanted to go into a shelter for the night. PHS officers were assigned to two areas: East Harlem in Manhattan and the north shore of Staten Island. The East Harlem team was accompanied by individuals from the NYC Police Department due to the risk of criminal activity in the area being canvassed.

One of the benefits of volunteering is the amazing people you meet. We worked alongside staff from the NYC Department of Homeless Services, Project Hospitality, District Attorney's Academy, a psychiatric nurse, and a neuroscientist, among others. The camaraderie and conversation was rich and entertaining, leading to possible opportunities for further collaboration. The Staten Island team and city employees were especially welcoming and mentioned how impressed they were with the work of the USPHS. The people in that community still remember us from when a PHS Hospital was located in Staten Island.

There was never a dull moment. The East Harlem team met an adult male who was walking by our location. As instructed by the survey organizers, our team inquired about his sleeping arrangement, and he was honest about not having a place to sleep that evening. He was on his way to sleep in the hallway of a building, he said. The team offered food, shelter, and transportation, and he finally accepted the assistance. While we waited for the transportation van, he shared that he had lost a bed at a shelter because he didn't arrive before the curfew and that his mother would not let him into her house when he "messes up." He was glad to accept our offer because it afforded the opportunity to go into a shelter late at night, which isn't usually authorized. He also promised to adhere to the curfew so he could have a bed for the rest of the week, especially since it would be much colder the next few nights.

Approximately 1,500 survey areas were covered. In addition, certain individuals had been hired to serve as "decoys," a quality-



control measure which tests the accuracy of the survey carried out by volunteers who are sometimes too timid to approach homeless people or who fail to notice the homeless. HOPE remains one of the most comprehensive efforts nationwide to help project service needs and allocate resources for individuals who are experiencing chronic street homelessness. The City of New York recognizes that the count could not be done without the volunteers. NYC Mayor Bill de Blasio signed a letter of appreciation as a token of appreciation for everyone's help. Our Greater NYCOA volunteers included CDR Karina D. Aguilar, LCDR Tunesia Mitchell, LT Mouhamed Halwani, and LT Johnmartin Jackson (all HSO officers); civilian Michelle Carvalho volunteered alongside the officers in Manhattan.

The COA (ISSN 10937161) is published monthly except a combined issue January/February and July/August by the Commissioned Officers Association of the United States Public Health Service, 8201 Corporate Drive, Suite 1170, Landover,

MD 20785, (301) 731-9080; Fax: (301) 731-9084; Periodicals Postage Paid at Hyattsville, MD and additional mailing offices. POSTMASTER: Send address changes to COA c/o Commissioned Officers Association, 8201 Corporate Drive, Suite 1170, Landover, MD 20785. A report of timely information concerning activities of the

Commissioned Corps of the U.S. Public Health Service.
Distributed exclusively to Association Members.



COA

8201 Corporate Drive, Suite 1170
Landover, MD 20785

Executive Director

Jim Currie
jcurrie@coausphs.org

Deputy Executive Director

John McElligott
jmcelligott@coausphs.org

Chief Financial Officer

Teresa Hayden Foley
thayden@coausphs.org

**Government Relations
Director**

Judith Rensberger
jrensberger@coausphs.org

Membership Coordinator

Donna Sparrow
dsparrow@coausphs.org

Director of Administration

Erica Robinson
erobinson@coausphs.org

Producer

Curveball Media, Victor Perea

Leading Edge Conferences

Tim O'Neill

Group Insurance - AGIA

(888) 633-6459