



from the
Executive Director



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

I Was Wrong

I do not like to be wrong. I dislike making mistakes. But I made one recently while attending the AMSUS conference at National Harbor in Oxon Hill, MD. It was the second day of the conference, and the speaker was "Dr. Stone," a high-ranking official from the Department of Veterans Affairs. He spoke of the VA and how it is helping veterans, and he mentioned the thousands of clinical vacancies at its hospitals and clinics. I decided to ask a question that had been on my mind for several years, so I got to the mic ahead of everyone else.

"In January 2017," I said to him, "the VA and HHS signed a Memorandum of Agreement under which thirty physicians and nurses would be assigned to billets in VA facilities. [The MOA can be found on the COA website at <https://cdn.ymaws.com/coausphs.org/resource/resmgr/lettersandnewsmedia/cc/>

see EXECUTIVE DIRECTOR on page 12

Like Follow Share Comment



PHS Pharmacists Supporting the Remote Area Medical Event in Suitland, MD



RADM Thomas Ricks, Chief Dentist Officer, USPHS, meets with dentists.

by CDR Huu Nguyen, Chief Pharmacist at Federal Bureau of Prisons Federal Correctional Complex Victorville, and LCDR Yvon Yeo, Communications Specialist at ICE Health Service Corps

From December 5-7, 2019, CDR Huu Nguyen and LT Oyebola Oladeinde (BOP); LCDR Yvon Yeo (ICE); and CAPT Nina Mezu-Nwaba, LCDR Anh Bui, and LCDR Salvatore Pepe (FDA) supported the Remote Area Medical (RAM) event at Beltway Church of Christ in Suitland, MD.

The pharmacists were all very excited to participate in the RAM mission. Not only was it our first RAM event, but it was also the first time RAM had established a pharmacy to provide medications to patients. Previously, patients obtained medications outside of the RAM clinic at their own cost. The day before the clinic was open to the public, LCDR Yeo set up the pharmacy area and organized the medications in alphabetical order according to their generic names; she checked the expiration dates of the stock bottles and removed all expired medications. LCDR Yeo created a formulary list with the medication names and strengths and estimated quantities of each medication on hand. The formulary list was distributed to prescribers. The small formulary contained different acute and chronic medications for pain, hypertension, seasonal allergies, psychiatry, and infections.

On the morning of the first clinic day, officers received a briefing from the Readiness

see PHARMACISTS on page 10

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 Bipartisan Congressional Committee: Indian Health Service Needs Facelift

by Judy Rensberger

The Indian Health Service, long overburdened and under-resourced, deserves a thorough review and an upgrading of its aging infrastructure, according to bipartisan leadership of the House of Representatives' Energy and Commerce Committee.

It's difficult to argue the point, which Committee leaders documented in a January 15 letter to the U.S. Government Accountability Office (GAO) and, simultaneously, in a press release on the same day.

The committee leaders behind the proposal are Committee Chair Frank Pallone, Democrat from New Jersey; Ranking Member Greg Walden, Republican from Oregon; Raul Ruiz, Democrat from California (and a physician), and Markwayne Mullin, Republican from Oklahoma.

COA and a half-dozen other organizations that advocate for the Indian Health Service immediately arranged to meet with key staffers in all four Congressional offices. The focus of our efforts is, and will remain, increased appropriations. Spearheading the overall effort is Judy Sherman, Executive Director of "American

Indian/Alaska Natives Partners" ("AI/AN Partners"), a coalition of public health advocacy groups focused on the Indian Health Service. In advance of our meetings, Ms. Sherman forwarded copies of coalition documents that make the case for decent appropriations for the Indian Health Service.

Letter to the GAO

The Energy and Commerce Committee's letter to the GAO pointed out that the Indian Health Service delivers health care to a population of more than two and a half million American Indians and Alaskan Natives. This population tends to experience many acute and chronic diseases more frequently and more severely than other populations. COA's particular interest in this issue lies in the fact that the IHS is staffed in part by approximately 1,800 USPHS physicians, dentists, nurse practitioners, and other health professionals. The total health workforce provides care in 170 health care facilities that are run by the Indian Health Service or by the tribes themselves.

Press Release

The companion press release said the average age of private-sector health care facilities is ten years old, while the average

see **LEGISLATIVE** continued on page 23

Partnering for Public Health at a RAM Event

by CDR Sandra Magera

What a wonderful experience seventy-six United States Public Health Service (PHS) Commissioned Corps officers had by teaming up with Remote Area Medical (RAM) volunteers to provide medical, vision, and dental services to underserved individuals living near Suitland, MD, on December 6 and 7, 2019. Working at least twelve hours each day, PHS officers from nine of the eleven professional categories helped serve over 500 people in Prince George's county, providing an estimated value of \$150,000 in medical services.

While clients waited to be seen by a dentist, dental hygienist, and/or for their prescription eyeglasses to be custom-made, folks obtained on-the-spot nutrition information from registered dietitians and certified diabetes educators. Additionally, PHS medical providers referred individuals to dietitians to conduct medical nutritional therapy consultations for diagnoses such as diabetes, chronic kidney disease, HIV/AIDS, hyperlipidemia, hypertension, and obesity. PHS dietitians were able to provide 40% of the RAM clients with nutritional information—a remarkable achievement in a community setting.

This author states, "Working with my public health colleagues to provide information to improve someone's health was so rewarding and served as a great reminder of why I joined the Public Health Service—to help one individual at a time. The RAM event provided me the honor and rare privilege to work alongside my fellow dietitians like CDR Kwang Kim of the Bureau of Federal Prisons, LCDR Dan Johnson of Indian Health Service, and LT Alesya Van Meter of Commissioned Corps Headquarters—an opportunity that I would have never had without the RAM event. During the RAM, I was able to re-connect with dentist CDR Kevin Zimmerman (now assigned to the Indian Health Service in Tucson, AZ). I had lost touch with him and his spouse, a dietitian I worked with in Tuba City, AZ. In 2005, CDR Zimmerman transferred to the Pacific Northwest and I transferred to Baltimore,



PHS officers assigned to the Remote Area Medical (RAM) health event



Chief Professional Officers CAPT Gordon (Dietitian Category) and RADM Ricks (Dental Category) with Caroline DeBerry of the Remote Area Medical Volunteer Corps in front of RAM transport which houses eyeglass prescription manufacturing for clients



Dietitians in front of food models: CAPT Gordon, CDR Kim, CDR Magera, LCDR Johnson, and LT Van Meter

MD. It was fantastic catch up with him 14 years later and see pictures of his spouse and children—now age 8 and 12 years old. I look forward to connecting with talented

colleagues to achieve our public health mission through the rapid and effective response to public health needs by deploying to future RAMs."



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



OASH and COF Sign Co-Sponsorship Agreement for USPHS Symposium



The COA/COF enterprise has been hosting an annual conference for USPHS officers for 55 years. It started as an annual meeting of members of the Commissioned Officers Association of the USPHS (COA). The PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) started producing the USPHS Scientific & Training Symposium in 2001. To date, active duty and retired USPHS officers have volunteered their time to assist in setting the agenda, selecting scientific abstracts and posters, and delivering a high-quality program for the uniformed service and other public health professionals.

In January of this year, the Assistant Secretary for Health Admiral Brett Giroir signed a co-sponsorship agreement with COF to, as Deputy Surgeon General Rear Admiral Erica Schwartz wrote in an email to all Commissioned Corps officers, “codify the role of the Commissioned Corps as it relates to the Symposium.” Basically, the government and COF will work together to plan the conference, including the agenda and speakers.

According to RADM Sven Rodenbeck (ret), President of the COF Board of Trustees, “COF is excited to enter into this co-sponsorship agreement with the Assistant Secretary for Health that will allow us to jointly provide outstanding training and leadership development for USPHS Commissioned Corps Officers and other public health professionals at the annual USPHS Scientific and Training Symposium.”

Impact on 2020 Symposium

Retired officers are free to participate in conference planning as they've always done. The co-sponsorship agreement affects Regular Corps, or active duty, officers.

- Officers are permitted to be assigned to planning committees.
- Members of Surgeon General chartered groups (e.g., Honor Guard, Music Ensemble, JOAG, MOLC, etc.) are permitted to perform and participate if they receive funding from their agencies to attend or are attending on permissive TDY.
- Category Day will continue. CPOs and COF staff will guide development of each Category-specific agenda. Officers from each respective Category are encouraged to participate.
- OASH and COF will select and approve all abstracts and agenda items, including abstracts submitted by Commissioned Corps officers.
- COF remains responsible for the logistics of the USPHS Symposium – selecting the venue, paying for facilities, advertising, coordinating the agenda, providing food, sharing information with OASH during the planning process, and covering all Symposium costs.

see **OASH** continued on page 23

Wound Certification in Correctional Nursing

by LT Joseph May

The prison in which I work often sends patients with chronic wounds to a community clinic for treatment. I recognized the need for expert wound care provided on-site, so I became a Certified Wound Care Nurse in the fall of 2019. I earned this credential when I passed a proctored exam; however, the real effort comes in qualifying for the exam. A licensed RN with any bachelor's degree may qualify for the exam via the traditional pathway or via the experiential pathway; I pursued the traditional pathway. This article shares how I graduated from an accredited wound program and how my nursing practice has changed.

I graduated from Cleveland Clinic's R. B. Turnbull Jr., MD School of WOC Nursing Education. Nurses may enroll in one or more specialties of study: wound, ostomy, or continence. Each specialty is four weeks of online course work and 40 clinical hours with an RN preceptor certified in the same specialty. All students must also complete a four week Professional Foundations course with no clinical hour requirements. I enrolled for the wound specialty for \$1,500 and also enrolled in the required Professional Foundations course for an additional \$1,500. If I later pursue the other specialties, I will not need to complete the foundational course again.

Each course involved reading the textbooks, viewing lectures, completing posts to the discussion board with references, responses to other students' posts, a research paper, and a power-point project. The wound course also included online tests. These tests were low stress, and I was well-prepared for them by simply completing my assignments. I was given all the resources I needed to succeed in class: APA formatting guides, access to scholarly journal databases, and motivated students that shared clinical experiences on the discussion boards. After eight weeks of classes, I looked forward to beginning the clinical experience.

I was unable to find a certified preceptor near me, so I opted for a clinical wound experience at Cleveland Clinic in Ohio. There was no fee associated with these clinicals, but I needed to purchase white scrubs per the student uniform policy. I was also responsible for my own room, board, and transportation. My first day involved participating in a skills lab for eight hours on the Cleveland Clinic's campus. I completed my other thirty-two hours at a satellite hospital's wound center. I learned an enormous amount during my clinical experience—not just knowledge and skills, but also intangibles that enabled the clinic to run like a well-oiled machine. As a bonus, my clinical experience closely matched my current practice environment.

My nursing practice continues to evolve. I still perform routine dressing changes that involve a short-- but thorough--narrative note; however, I also now function as a wound nurse consultant. In this role my assessment includes etiology of the wound, comorbidity impact, and severity of the causative process. Examples of the expanded assessment includes ankle-brachial



LT Joseph May

index calculations and sensation tests for diabetic neuropathy. As a wound nurse consultant, I provide in-depth patient education, develop a wound treatment plan, and recommend orders for a provider to co-sign. Examples of orders I recommend include; conservative sharp wound debridement; enzymatic debridement; chemical debridement; consults for surgical debridement, biopsy, physical therapy; vascular and imaging studies; antibiotic therapy; cleansing agent and dressing product selection; dressing change frequency; wound culture (via Levine technique); total contact casts; skin grafts; and hospital admission. This new role not only contributes to the facility mission, but also opens new doors for my career.

This certification benefits my career in many ways. I may now qualify for a higher billet at my facility. I enjoy actively networking with wound professionals, and I joined the professional organization for wound nurses. As my role continues to evolve, I may work desirable duty hours similar to a community clinic. Becoming a Certified Wound Care Nurse has increased my value to the Bureau of Prisons, and I look forward to its continued impact on my career.

Head of USPHS Commissioned Corps on 2020 and Beyond

This article originally appeared in Military Officer magazine, the official publication of the Military Officers Association of America.



Photo of Admiral Brett Giroir by Rod Lamkey Jr. for MOAA

Adm. Brett Giroir, M.D., was sworn in as the 16th Assistant Secretary for Health (ASH) at the Department of Health and Human Services (HHS) on Feb. 15, 2018. In this role, he oversees the U.S. Public Health Service Commissioned Corps and the Office of the Surgeon General. He also serves as the Acting Commissioner of the FDA.

Military Officer spoke with Giroir about the promising future of the Commissioned Corps, the only uniformed public health service in the world. The following interview has been edited for length and clarity.

Q. What is your vision for the Commissioned Corps in the coming years, and how do you see its role evolving?

A. It's a combination of building on the traditional role of the Commissioned Corps and adding new aspects to it... We are the "go anywhere at any time" public health force — nationally and globally.

No. 1, we need to be ready to deploy at any time. Deployments have increased 40% per year over the past five years... We see our role as a deployable force becoming more and more important — for situations like natural disasters or, God forbid, a kinetic military conflict with a lot of civilian casualties.

Second, we are going to supply health care to the underserved populations. That has been a traditional mission — and a very noble one that we really embrace.

Third, we really want to be an innovation engine for public health... Together, [we've] got the depth and breadth of experience... and situational awareness that nobody else has. I think that is going to be really important going forward.

Q. What are the biggest public health challenges?

A. Our lack of ability to prevent [preventable] chronic diseases. We spend 90% of the nation's \$3.5 trillion [in annual health care expenditures] on chronic health conditions, often when they're in very late stages and can't be changed... We need to shift from a system of paying for services late in the course of a disease to everybody working together for prevention.

Q. How is the Public Health Service helping with that?

A. If you look across the board, we're positioned in an amazing way. No. 1, we provide leadership within the Public Health Service... We really are arrayed across the public health infrastructure. Second, we deliver care in health settings that deal with millions of Americans, predominantly the ones who are the most underserved.

RAM [Remote Area Medical Volunteer Corps] is something we're supporting more. It's a private, nonprofit organization that provides care to underserved communities in the U.S. A couple times a year, we send Commissioned Corps there because they have the volunteers, the dental chairs, the professionals. Now [the Commissioned Corps] will be able to fund officers' transportation, room and board, and meals... to allow them to go to RAMs, so we were going to do several a year.

It's a real privilege to take care of people who need care. You [can provide] the medical and mental [health care], but you do so much more by caring for them and showing [them that they] deserve love and everything else.

Q. Describe your involvement with the military services.

A. One thing I want to do is improve our capabilities and readiness. Part of that is working with the other uniformed services... A lot of times when there's a disaster, we're working side by side

anyway. If there is a military conflict in the future, it's very clear our mission is going to be supporting civilians... As the military downsizes its medical footprint... they're not going to have the extra capability to take care of 100,000 civilians. We feel we're a sister uniformed service... As the military downsizes its medical personnel, we'd love to have several thousand of them join us.

Q. The cuts to medical billets are coming out. Can you tell me about your hiring and recruiting efforts?

A. We have extraordinary support from the secretary, for me as the ASH... There is a very good understanding that the Corps is absolutely vital and we need to grow. We're at about 6,100 officers right now. We hope to get to somewhere around 7,500-7,700 in the full-time Corps. There are multiple specialties, but clearly, we need medical doctors, advanced practice nurses, and other folks.

We're also hoping to get a reserve corps authorized. We hope to build that to about 2,500 just like the military reserve. First, as our deployment needs go up, having a reserve corps that is able to deploy to supplement us is really very important. Second, there are going to be specialties we cannot support day to day, but we would need them for certain types of deployments... These are good opportunities for military and other uniformed services to come to us.

Q. What are you the most proud of when it comes to your tenure as ASH?

A. I'm the most proud of the restored optimism in the Commissioned Corps... There was a lack of support [from political leadership] and financially... The Commissioned Corps understands its value, and we have a great future together.

From the ASH point of view, I'm most proud of being able to recruit outstanding people as my office directors. In a difficult environment, we have been able to recruit nonpolitical people who are at the top of their game, including some Commissioned Corps officers.

I know these people will really push the envelope for public health for years in the future.

New England Branch Runs the Pell Bridge to Support Veterans and Suicide Prevention

by LCDR Julie Cure

On October 20, 2019, officers of the New England Branch of the Commissioned Officers Association (NECOA) came together to compete in the 9th annual four mile run across the Pell Bridge in Newport, RI. The race had 3,500 total participants and is the only time of year pedestrians are allowed on the Pell Bridge, which made for some stunning mid-run views from the top of the bridge. The run supports various local non-profits across Rhode Island, including suicide prevention groups and veteran support organizations. This was the 50th anniversary of the Pell Bridge, and NECOA was honored to participate.

The officers on the team were: CAPT Gelynn Majure, CDR Dwala Gibson, CDR Kelly Valente, LCDR John Mistler, LCDR Julie Cure, LCDR Victoria D'Addeo and LT Chelsea Makowicz. We also had several family members participate in



the run: Kevin McHugh, Jillian Gibson and Lavendar Guadette. Supporting family members were Jordan Gibson and Xavier Gibson. All participants and

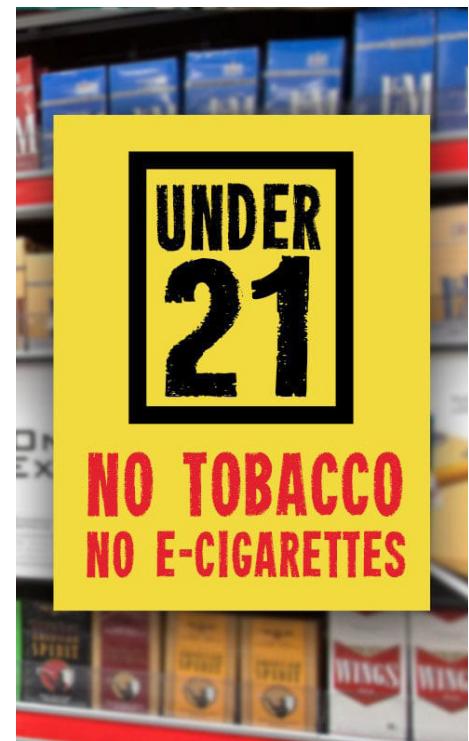
supporters displayed esprit de corps and demonstrated first-rate outreach by encouraging participants throughout the run.

Legal Tobacco Age Raised to 21

by Col. Jim Currie, USA (Ret.)

A \$1.4 trillion appropriations bill signed into law by President Trump on 21 December 2019 contains a provision raising the legal age for tobacco use to twenty-one. This increased age also applies to vaping products. Many public health groups, including COA, had advocated for such an increase in tobacco-use age. The provision was jointly sponsored by Senate Majority Leader Mitch McConnell (R-KY) and Senator Tim Kaine (D-VA), both of whom hail from tobacco-growing States. There was some Senate sentiment for carving out an exemption for members of the military services, as several States, including Maryland and Virginia, have done. But the bill's sponsors rejected this idea and stuck with an across-the-board increase in the legal tobacco age. The Public Health Service already forbids the use of tobacco products for any of its officers while they are in uniform, but tobacco use for members of the armed forces has long been quite high, with many users starting after they join a military service. The Centers for Disease Control and Prevention states that ninety-five percent of tobacco users start before they are twenty-one years old, so this change in legal age may prevent many young men and women from ever starting to use tobacco, as most enlisted personnel join the service at age eighteen or nineteen.

COA spoke in favor of an increase in tobacco age in an OpEd in *Military Times* in June 2019. The article can be found on the COA website at https://cdn.ymaws.com/coausphs.org/resource/resmgr/lettersandnewsmedia/dod_tobacco/article_in_army_times_about_.pdf





My **practice** is health education and training through a global health lens.
My **passion** is saving lives.

Join me and earn a **PhD, DrPH, MPH, MSPH, MHA, BSPH** or graduate certificate in an **online, n-campus or blended** format.

Reduced rate tuition for eligible online courses and programs is offered.

1 ranked in Florida

4 ranked nationally

Among all four-year U.S institutions
Military Times, 2020

publichealth.usf.edu/apply | 813-974-6505 | preadmissions@health.usf.edu



University of South Florida
College of Public Health
our practice is our passion

The Feres Doctrine: It Almost Happened to Us Again

by Col. Jim Currie, USA (ret.)

This tale may be longer than is strictly necessary to tell the story of how the USPHS Commissioned Corps was almost left out again, but we think it is a story worth relating in detail.

In 1950 the US Supreme Court decided unanimously that members of the armed forces could not sue the United States government under the Federal Tort Claims Act for negligence committed by other members of the armed forces. The Feres Doctrine, as it became known, effectively shielded the United States government from any lawsuits arising out of medical malpractice or other negligence, no matter how egregious. In one of the cases that was combined to make up Feres, a military surgeon left a 30-inch by 18-inch towel inside a patient on whom he had operated. The towel was stamped "Medical Department, U.S. Army," and the evidence was clear that the surgeon had erred. In legal circles such a case at tort law falls under the "res ipsa loquitur" doctrine, meaning, "The thing speaks for itself." If this had been a lawsuit by a civilian against a civilian, it would have undoubtedly been settled long before it went to trial. The fact that it was a military doctor and a military patient meant, said the Supreme Court, that the patient was out of luck, legally-speaking.

This Feres Doctrine has persisted for almost seventy years now, despite what many people would suggest is its inherent unfairness. In 2019, however, the US House of Representatives was on the verge of overriding Feres—and the USPHS would have been left out of the fix.

The problem with the House fix, contained in Section 729 of the House version of the National Defense Authorization Act (NDAA) for 2020, is that the language offered Feres relief for military medical malpractice only to members of the "armed forces."

Despite the usually good work done by our colleagues in The Military Coalition, the TMC folks who reviewed the House and Senate versions of the NDAA missed this discriminatory language, which was apparently drafted by an association representing the trial lawyers who would gain business if Feres were overturned by statute. I am embarrassed to admit to you that we at COA also missed this provision when we went through the several thousand pages of House and Senate bills. It was only when one of our TMC colleagues was asked by someone representing the trial lawyers to sign a letter endorsing this section of the House bill that it came to our attention. This individual, who represents Coast Guard petty officers, asked us what we thought about it. We immediately saw the implication and went back to the trial lawyers' representative. He insisted that there was no harm in the language, since, he said, the officers of the USPHS are not covered by Feres.

It took us less than five minutes on Google to come up with the case of Diaz-Romero v. Mukasey PR, a case decided by the US Court of Appeals for the First Circuit in 2008. The court affirmed a District Court opinion dismissing Diaz-Romero's case "because Diaz-Romero's status as a commissioned officer of the Public Health Service... bars his suit for service connected injuries." The

trial lawyer representative was blowing smoke and did not know what he was saying.

By this time the House had already acted on its version of the NDAA. There was no provision in the Senate version comparable to Section 729 of the House bill, so the conference committee had to resolve the difference between the two bills (House and Senate).

We reached out to a prominent staffer we knew on the Senate Armed Services Committee (SASC) and shared our concerns with him. He promised to take our concern to the members of the SASC.

The Senate did not go along with the House provision on Feres. Instead, it insisted on a new version which authorizes the Secretary of Defense to "allow, settle, and pay an administrative claim against the United States for personal injury or death of a member of the uniformed services that was the result of medical malpractice caused by a Department of Defense health care provider." The key from our point of view is the term "uniformed services," rather than "armed forces."

So far as COA knows, there was no one else who worked on this problem on behalf of the Commissioned Corps. We sincerely hope that no Corps officer is subjected to such malpractice that they need compensation for their injuries. But if the unthinkable should occur, they can now seek financial justice—thanks to COA and the US Congress, especially the Senate.

OBITUARY

CAPT (ret.) Gladys Rodriguez, an engineer officer in the PHS who served her career at the Food and Drug Administration, died on December 22, 2019, at the age of sixty-seven.



Join the COA Board of Directors

COA needs a few good Directors. Please consider applying.

Seven seats will open for the COA Board of Directors on July 1, 2020. The open seats include: Dietitian Officer, Field Representative (outside of Washington, DC), Health Services Officer, Medical Officer, Nurse Officer, Retired Officer, and Therapist Officer.

The Retired Officer members of the COA Board of Directors also serve as appointed Trustees of the PHS Commissioned Officers Foundation (COF) for the Advancement of Public Health.

<https://www.surveymonkey.com/r/RTQMGZS>

PHARMACISTS from page 1

and Deployment Branch Team and an orientation to the various clinic areas before heading to their assigned areas. Once all the pharmacists had reported to the pharmacy, the first order of business was to design a professional prescription label for labeling prescriptions dispensed. Next, the pharmacists split into two teams – one team was stationed in the pharmacy while the other team was in the dental clinic. Pharmacists stationed in the pharmacy would receive hard copy prescriptions from medical providers, generate prescription labels, fill prescriptions, and counsel patients. A 30-day supply of chronic medications was dispensed to patients to allow them time to find their own primary care providers. As the formulary was limited, pharmacists recommended alternative medications for prescription medications that were not in stock. Alternatively, low-cost medications on the Walmart Rx Program Guide, \$4 for 30-day supply and \$10 for 90-day supply, were recommended.

For pharmacists assigned to the dental clinic, they dispensed pre-packed 7-day supplies of pain and antibiotic medications to patients and counseled them on proper medicine-taking. After patients had their dental procedures completed (e.g., extractions, restorations, or cleaning), pharmacists collected the dental paperwork and gave patients goody bags containing toothbrushes, dental floss, and toothpaste as they exited the dental clinic. Kids were given stickers and toys. Pharmacists even babysat kids while their parents underwent dental procedures. The pharmacists rotated between the dental clinic and the pharmacy and staggered their lunch breaks to ensure that both areas were always staffed.

Over the two clinic days, a total of 226 prescriptions were dispensed. Overall, the deployment was a great learning experience for us. It gave us an opportunity to step out of our daily duties to provide pharmacy services to uninsured and underinsured patients. After the RAM deployment, all the pharmacists collectively gave an after-action report detailing the pharmacy's successes and highlighting recommendations for future RAM missions. We hope that we will have many more opportunities to participate in the future RAM events.



Scientist officers educate attendees of the Remote Area Medical event.



Officers from Prevention through Active Community Engagement (PACE) educate attendees regarding naloxone administration for opioid overdose.

RIST Team Highlights Expanding Role after Ten Years of Service in the National Capital Region

by CDR Qiao Bobo, CDR Karen Chaves, and CDR Paula Murrain-Hill

When the worst hurricane in Puerto Rico's modern history, Hurricane Maria, crushed the island in 2017, U.S. Public Health Service officers deployed to provide medical care to millions of people whose lives had been shattered. These officers worked alongside local medical professionals and teams from the National Disaster Medical System (NDMS) to triage patients flooding the island's only level 1 trauma center, evacuate patients from a local hospital so damaged that the walls gave way, and set up medical tents in a hospital parking lot to decompress other overwhelmed hospitals. PHS officers and NDMS teams headed into the U.S. territory's mountain region and traveled door-to-door in some of the hardest hit areas checking on residents' medical needs.

Year after year, USPHS officers make a difference for disaster survivors. Some officers work directly with patients, other officers provide environment health or public health expertise, and still others work behind the scenes to manage the federal government's public health and medical response to the incident or planned event. The entire response rests on incident management.

Incident Management Support

The Regional Incident Support Team-National Capital Region (RIST-NCR), for example, is a U.S. Public Health Service Tier 1 Deployment Team. The team has deployed more than sixty-five times since forming in 2009, most recently to support the 2019 National Independence Day celebration. Recently, under the Readiness and Deployment Operations Group guidance, RIST NCR restructured, resulting in a need for additional officers. This new team will have increased opportunities to deploy in the National Capital Region.

The new RIST-NCR will be comprised of sixty trained officers who will serve on the Red Team or the Blue Team. Each



RIST-NCR Agency Representatives (left to right) CDR Jonathan Kwan, CAPT Sally Hu, CDR James Kenney, and CDR Vicky Chan with National Capital Emergency Coordinator Mr. Glenn Blanchette (center) during the 2019 National Independence Day Celebration.

team includes three branches: Information Management, Resource Coordination, and Agency Representatives (Liaison Officers). Team members will be assigned to a branch, take corresponding training, and serve in the related role when deployed. Each team is on call in alternating four month periods. When on-call, team members are active 24/7 and expected to deploy for up to two weeks within twelve hours of notification.

During deployments, officers from each branch within RIST-NCR will support the U.S. Department of Health and Human Services Secretary's Operation Center (SOC) and the Incident Management Team (IMT). Officers within the SOC will serve the Information Management and Resource Coordination Sections while other officers will support the IMT from external locations as agency representatives.

Officer Perspectives

Health Services Officers CDR Karen Chaves and CDR Paula Murrain-Hill both serve on RIST-NCR.

CDR Paula Murrain-Hill has served on the RIST-NCR for seven years and has deployed to events such as presidential inaugurations, national Independence Day celebrations on the National Mall, and the unaccompanied

children response. Her roles during each deployment have varied, but the core mission to provide coordination of resources and assistance to federal, state, and local authorities remained constant. According to CDR Murrain-Hill, "RIST-NCR is a unique team of professionals coming together from various health-related disciplines in order to respond and accomplish mission goals."

CDR Karen Chaves deployed with RIST-NCR for twenty-two events since 2010, including the Haiti Earthquake, Hurricanes Harvey, Irma/Maria, Michael, and National Special Security Events.

CDR Chaves said, "I've deployed with RIST-NCR for almost ten years now. While my roles have changed from being a Liaison Officer, to IMT Planning, to working in the SOC, I've had the benefit of working with experienced team members who mentored me and the opportunity to participate in various training activities because I was part of the RIST-NCR. That type of support and preparation made every deployment a successful one for me." Currently, RIST-NCR is recruiting. If you are interested or want to learn more, please contact CAPT Sally Hu at sally.h.hu@mail.mil and CDR Simleen Kaur at Simleen.Kaur@fda.hhs.gov.

EXECUTIVE DIRECTOR from page 1

[moa between hhs and the va, .pdf](#) It's almost three years later, and no officers have been assigned. Is the hold-up on the VA's end? On the PHS end? On both ends?" It was a succinct question with a definite answer. Dr. Stone blamed the hold-up on unnamed lawyers. They are always a good scapegoat. Whether they are responsible for the lack of PHS officer assignments to the VA is debatable. I tend to think they are not.

The session ended, and an unnamed individual who occupies a high position within the Office of the Surgeon General came up to me and told me that I had gotten it wrong. "We have five officers now assigned to VA billets," they said. Five officers, I thought, and in only three years, too. I had gotten it wrong, not that five assignments in three years is anything to brag about.

The MOA, referenced above, calls for thirty physicians and nurses to be assigned to VA facilities, but there is no timetable. The VA has over 25,000 clinical vacancies, and it is hurting for the kind of professional expertise that PHS officers would bring to them. When Dr. David Shulkin was VA Secretary, he told me in a public forum that he would "take 5000 PHS officers if I could get them." I don't think the VA is the problem. I think the hold-up is much closer to home.

We at COA have long thought that PHS officers should have the ability to take their skills to the VA. Our Legislative Agenda includes VA billets as a goal for the 116th Congress. I have personally pushed the VA as a place for PHS officers to work ever since I arrived at COA in 2014. It was a different group in charge of the PHS back then, but the reluctance to assign to the VA was present. "What if an officer is assigned to the VA and they don't work out? What will we do with them if the VA sends them back?" That, or some variation of this question, was sometimes posed to me when I brought up the VA as a place where PHS officers could work. My answer is very simple: with as many vacancies as the VA has, and its continuing inability to attract employees to fill those vacancies, any PHS officer who is so incompetent as to be sent back by the VA is probably not someone we want in the Corps. I could also add that we face the same dilemma with regard to every agency or department to which a PHS officer is assigned. Yes, it must happen occasionally, but I submit that the VA is among the least likely organizations to cause problems for the USPHS by sending back anyone assigned there.

There is another issue that is also raised with me on occasion, and that is how you prevent the opening of VA billets from draining the Indian Health Service or the Federal Bureau of Prisons. "If you allow officers to transfer to the VA," I have heard, "then IHS and BOP will be decimated."

First of all, there is no evidence that such an exodus from IHS and BOP would result if VA billets were opened to PHS officers. But for the sake of argument, let's say that working at the VA might be more attractive to some officers than serving elsewhere, including IHS and BOP. It's an easy fix. You do not allow an officer to go to a VA billet during their first three years as a Commissioned officer in the USPHS. Require them, as is now the policy, to go to IHS or BOP or ICE and start their careers there. Only after they have

served three years could they transfer to the VA. Some would undoubtedly make that transfer; others would undoubtedly have settled into a comfortable existence at one of the three targeted agencies.

I guess this is where my bias comes out. I have no problem whatsoever with officers being assigned to the Indian Health Service. Working with our country's Native American population is most worthy. I'm not as certain about ICE, though my knowledge of that organization is incomplete. BOP, however, is in another category completely. I know that PHS officers have been assigned there since the 1930s, and I have talked with officers who really like working with the incarcerated. The union that represents BOP civilians really dislikes PHS officers in most cases, and does its best to make life hard for the PHS officers assigned to BOP. BOP leadership has overall been less-than-supportive of PHS officers. Much of my time over the past six years has been devoted to problems encountered by our members who are assigned to federal correctional facilities.

But, more critically for me—and I admit this to be my own prejudice—when providing PHS officers to take care of those who have violated societal norms to the point where they are locked away in a federal correctional facility is seen as a higher priority than helping veterans who have put on the uniform and served our country honorably and well, then I have a problem. Not that federal inmates do not deserve good medical care. That is a given. What they do not necessarily deserve is a stretched-thin Commissioned Corps providing part of that care.

Our country's veterans, I submit to you, have a greater claim on the professional expertise of the members of the Commissioned Corps than do those who have been convicted of committing a federal crime of such magnitude that they are serving time in a federal lock-up. It is the opinion of COA that VA billets in all categories—not just medical and nursing—should be open to PHS officers. We are aware of therapists and dieticians whom VA facilities would hire on the spot, but the PHS will not allow these officers to work for the VA.

PHS officers are assigned to more than twenty agencies and departments of the federal government. Five officers, from what I was told in December, are presently assigned to the VA. It should be a hundred times that number. We simply do not understand the reluctance of the PHS leadership to embrace this opportunity for future veterans to serve our country's veteran population. Our country's veterans deserve no less than the best, and that would be the officers of the USPHS. Our question to PHS leadership is the following: Why don't you allow PHS officers the freedom to choose the VA as a place to practice their skills and provide their expertise, like you do at twenty other US government agencies and departments? Why don't you make this happen?

USPHS Officers recognized at largest national pharmacy meeting

On December 9, 2019, two USPHS Commissioned Corps officers, RADM (ret) Pamela Schweitzer and CAPT Arjun Srinivasan, received special recognition at the American Society of Health-System Pharmacists (ASHP) 54th Midyear Clinical Meeting in Las Vegas, the largest gathering of pharmacy professionals in the world with more than 25,000 attendees.

- RADM (ret) Pamela Schweitzer, the tenth Chief Pharmacist Officer (2014-2018) of the US Public Health Service, received the ASHP Distinguished Leadership Award which recognizes contributions to excellence in pharmacy practice leadership in acute and ambulatory care settings. She was selected for her sustained, progressive improvements in pharmacy services within health systems. Throughout her career, RADM Schweitzer developed lasting partnerships that improved the ability of federal pharmacists to serve the missions of their respective organizations. She is the first USPHS Commissioned Corps Officer to receive this award since it was initiated in 2001.
- CAPT Arjun Srinivasan received the ASHP Award of Honor, which recognizes individuals outside the pharmacy discipline who have made extraordinary worldwide contributions to the health field. He was recognized for his efforts to engage pharmacists in improving antibiotic use in hospitals. Pharmacists play a critical role in hospital antibiotic stewardship. CDC has partnered with ASHP over several years to explore ways to help both spread the message about the importance of more pharmacists being part of this work and develop resources to support pharmacists' efforts. Previous USPHS Commissioned Corps Officers receiving the ASHP Award of Honor include VADM C. Everett Koop in 1989 and RADM Arthur J. Lawrence in 2004.

This is quite an honor and an example of the impact our USPHS officers have on our mission to protect, promote and advance the health and safety of our Nation.

ASHP represents pharmacists who serve as patient care providers in acute and ambulatory settings. The organization's 50,000 members include pharmacists, student pharmacists, and pharmacy technicians. For more than seventy-five years, ASHP has been at the forefront of efforts to improve medication use and enhance patient safety.

Additional details can be found at <https://www.ashp.org/news/2019/03/05/ashp-announces-2019-awards>



Bureau of Prisons Inaugural Wound Care Symposium

by LCDR Kevin Healy, PT, DPT, OCS & LCDR William Church, MPT, GCS, CWS, Cert. MDT

The Federal Bureau of Prisons (BOP) held its first ever Wound Care Symposium at the National Corrections Academy in Aurora, CO, this year. It was attended by a group of twenty-five BOP physicians, advanced practice providers, physical therapists, registered nurses, and licensed practical nurses. This symposium is part of an ongoing effort by the BOP's Health Services Division to meet the challenges of the increased number and complexity of wound care cases occurring within the BOP. The BOP's National Wound Management Program (NWMP) Coordinators, CAPT Kevin Elker and CDR Douglas Henry, pictured to the left, co-chaired this multi-disciplinary effort. Each of the seven Federal Medical Centers (FMCs) in the BOP employ staff certified in wound management, and the NWMP's goal is to teach health care staff at non-medical institutions a process for employing best practices for initial wound management. Additionally, the NWMP relays a decision making process for when to seek additional expertise through either local resources, or the BOP's tele-wound consultation service, as reflected in the BOP's 2014 Clinical Guideline, Prevention and Management of acute and Chronic Wounds: www.bop.gov/resources/pdfs/wounds.pdf.

This symposium was the culmination of nearly ten years of efforts to develop the BOP's wound care mission. Eight BOP wound care consultants from the NWMP supported this training that provided twenty-two Continuing Education Units (CEU's) for the participants. Didactic sessions included general wound healing principles, treatment strategies for the management of pressure injuries, neuropathic ulcers, lower extremity venous ulcers, lower extremity arterial ulcers, and the proper prescription of durable medical equipment. Other classroom sessions included Negative Pressure Wound Therapy (NPWT), surgical wounds, fistula management, wound photography, case studies, wound debridement, managing osteomyelitis and identifying the need for consultation for advanced staged wounds.

In addition to the classroom lessons, the Bureau participants practiced invaluable hands-on techniques under the close guidance of the NWMP consultants.

Given the wide range of health professions represented, the symposium focused on strategies that all professions could incorporate into practice. These skills included strategies for off-loading of the neuropathic foot ulcers, application of various forms of compression therapy, and proper procedures for obtaining an ankle brachial index. The defining thread of the symposium was how to translate wound management practices to the correctional environment with particular focus on an algorithmic approach to incorporate best practices and evaluate measurable outcomes. Other topics included team building, mentoring, and strategies to overcome barriers to wound care in the correctional environment.

This inaugural Wound Care Symposium proved to be successful in building a cohesive national wound management team. It increased the skill set of every attendee and ultimately contributed to advancing the health and safety of the nation.



Pictured from left to right front row: LCDR Carrier Schuler, CDR Patina Walton-Battle, LCDR Chao Moua, and CAPT Kevin Elker. Second row: LCDR Berhan Yeh, LCDR William Church, CDR Doug Henry, and LCDR Mike Anderson.



LCDR Sumter (STL-COA) combined efforts with Midlands Fatherhood Coalition and MEDDAC to provide winter clothing to veterans, fathers, and families

On December 23, 2019, LCDR Jeffery Sumter returned to his home state of South Carolina to combine efforts with Fort Jackson's Moncrief Army Health Clinic and the Midlands Fatherhood Coalition to provide and donate winter clothing to veterans, fathers, and families in need. LCDR Sumter and Mr. Keith Ivey, Director of Programs at Midlands Fatherhood Coalition (MFC) coordinated collection efforts that took place at U.S. Army Fort Jackson. The MFC is a nonprofit that is part of the South Carolina Center for Fathers and Families network and provides free community-based services and support for veteran fathers and families in sixteen SC counties. The MFC partners with other agencies such as the Department of Defense, the SC Department of Social Services, and the state's Technical College System to offer expanded services.

Resources can include expungement from a criminal conviction, help with obtaining driver's licenses, assistance in passing the general educational development test (GED), mental health services for veterans, and health screenings. The MFC strengthens families through father engagement by helping fathers connect to the resources so they may meet their responsibilities and secure their parental rights. Additional services include job coaching, employment connections, legal support, access to men's healthcare education, referrals and more. The MFC's



From left to right: LCDR Jeffery L. Sumter, Mr. Warren Parker (Moncrief Army Health Clinic), Mr. Keith Ivey (Midlands Fatherhood Coalition) and Col. Chad Koenig (MEDDAC/Moncrief Army Health Clinic, Commander).

overall goal is to strengthen families by helping men realize their children are the main priority in their lives.

Colonel Chad A. Koenig, Commander of the Medical and Dental (MEDDAC) facilities at U.S. Army Fort Jackson and Mr. Warren Parker of the Moncrief Army Health Clinic oversaw the Fort Jackson

donation endeavors. Overall, 271 winter clothing articles including coats, knitted caps, scarves, mittens, gloves, socks, and shoes were donated to Mr. Ivey to support the MFC's mission to strengthen the lives of children, fathers, and families throughout the state of South Carolina. The MFC distributed the items to families in need throughout the state.



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

School of Health Sciences and Practice

and INSTITUTE OF PUBLIC HEALTH



**Enhance your Pharmacy
Degree with an Online
Master of Public Health
(M.P.H.) in Health Policy
and Management**

Earn an M.P.H. in Health Policy and Management from New York Medical College (NYMC) School of Health Sciences and Practice (SHSP) online program. Help shape the landscape of health care and learn how to work with stakeholders across federal, state and local governments and communities to develop policies, programs and regulations.

50% Tuition Discount*

Benefit from NYMC's connection to USPHS

- Programs offered online and on campus
- Accredited by the Council on Education for Public Health (CEPH)
- 50% tuition discount for active duty service members, including USPHS Commissioned Corps officers and HHS employees

Apply now: www.sophas.org

*Students who are veterans and active duty members of the uniformed services (military and U.S. Public Health Services) are also eligible to receive GI Bill tuition benefits. For more information, visit www.nymc.edu/usphs or contact the SHSP Office of Admissions at (914) 594-4510 or shsp_admissions@nymc.edu.

New York Medical College | 40 Sunshine Cottage Road, Valhalla, New York 10595 | 914-594-4510

Heart of America COA Branch Prepares 8 Tons of Food for Harvesters Community Food Network

by CDR Kimberly Davids and CDR Michael Garner, USPHS, Assistant Secretary for Preparedness and Response (ASPR), Office of Division of Field Operations and Response (DFOR).

Harvesters Community Food Network is a centralized food collection and distribution facility that provides food and household products to more than 760 nonprofit agencies serving people in need. This regional food bank serves twenty-six counties in northwestern Missouri and northeastern Kansas. Harvesters annually distributes more than forty-seven million meals to hungry people in the region.

On November 16, 2019, to assist Harvesters in fulfilling its mission of "Feeding hungry people today, Working to end hunger tomorrow," Heart of America COA members, CDR Kim Davids, LT Catherine Olguin, LT Francis Vu, CDR Melva Palmer, CDR Tara Gabriel, CDR Chris Barrett, CDR Michael Garner, LT Gretchen Trendel, LCDR Vicky Dowdy, CDR Carl Huffman, along with eight family members, worked a combined thirty-six hours to sort, package, and label over 16,000 pounds of donated food. These Heart of America COA officers represent the following categories; Health Services, Dental, Pharmacy, Environmental Health from the following agencies; ASPR, BOP, CMS, FDA, and IHS. The Heart of America COA values serving those in need and volunteers regularly throughout the Kansas City community.



CDR Carl Huffman and LT Gretchen Trendel sort food products at Harvesters.

Mishoe Believe Scholarship - PHSCOF

The RADM Helena O. Mishoe Diversity "Believe" Scholarship for high school seniors was established to encourage and help to support the career dreams of high school seniors from populations burdened by health disparities and that have been shown to be underrepresented in the health sciences and research, or health-related disciplines.

www.phscof.org

Only online submissions will be considered. The deadline will be February 29 at 11:59 p.m. Eastern. No late submissions will be accepted. A review committee composed of donors and COA members will select the top three applicants. The first place winner will receive \$500. The second and third place winners will receive a certificate. We anticipate announcing the winner by the end of April.

For more information or if you would like to volunteer to review applicants, please use the following link for additional instructions:

<https://www.phscof.org/mishoe-believe-scholarship.html>



South Florida COA Volunteer Event- Running for Life

by LCDR Temika Hardy-Lovelock and CDR Nelson Reyes

On November 16, 2019, the South Florida chapter of the Commissioned Officers Association (SoFL-COA) participated in the 7th Annual 5K Run for Life in Broward County. The Life Alliance Organ Recovery Agency from the University of Miami sponsored this annual event to benefit organ, eye, and tissue donation. The Run is open to family members of all ages and members of the community supporting and honoring the lives of organ, eye and tissue donors, while celebrating the lives of recipients. Its goal is also to recognize and bring increased awareness of organ/tissue donation as many await lifesaving transplant.

These types of events are important for the community and it was an honor for this chapter to participate. Valuable information was gathered and shared with fellow COA members, coworkers, family and other members within our individual communities. During the event, members of SoFL-COA heard from a former organ transplant recipient. Plans are already in the works to participate in next year's run and to do so with an even greater impact.

Among the hundreds of runners were the SoFL-COA participants: CDR E. Hardy and son, CDR S. Rabe and son, CDR N. Reyes (team lead), CDR V. Stowers, LCDR T. Hardy-Lovelock, LT D. Echols and son, and Ms. L. Guerrier and daughter.



South Florida COA members and family

Threat to GI Bill Transferability Stopped

by Col. Jim Currie, USA (Ret.)

The 2020 National Defense Authorization Act (NDAA) contains a provision that prevents the Defense Department from imposing new limits on GI Bill transferability.

DoD announced in 2018 that as of July 2019, GI Bill transferability would be limited to servicemembers with less than sixteen years of service. The effective date of this change was then advanced to January 2020, and now it will not happen at all. The recently-signed NDAA has language in it that stops the Defense Department from "imposing a general limit on transferability [of education benefits] based on the number of years served." COA, as part of The Military Coalition, supported this language and told members of the Senate and House Armed Services Committees of our opposition to the proposed changes.



Therapist Junior Officer: LT Sarah Lyrata

LT Knight is a Physical Therapist currently stationed with the Bureau of Prisons at FMC Rochester in Rochester, MN.

LT Lyrata is one of only two Board Certified Neurological Certified Specialists in the Commissioned Corps. She manages a neurology clinic and works closely with the neurologist to ensure the best overall care of her patients. In addition, LT Lyrata runs a wheelchair seating and positioning clinic and is a falling stars committee member. She is active in the TPAC and was the Assistant Secretary for the TPAC Category Day at the USPHS Scientific & Training Symposium.



LT Lyrata is a contributing member for the TPAC Health Promotion and Disease Prevention Subcommittee (HPDP) Subcommittee. She was essential in creating the OBC APFT Training Guide, which is now currently provided to all newly commissioned officers at the Commissioned Officers Training Academy. She is also active with the JOAG Professional Development Committee (PDC) as the Assistant Secretary and Co-lead for the JOAG PDC Training and Education Subcommittee "Officer Spotlight."

Communication: The cornerstone of leadership

by CAPT Charlene Majersky, PhD

"Everyone communicates, few connect." (John Maxwell)

- The above quotation from author and pastor John Maxwell is very powerful. Its meaning is something we, as leaders, can relate to in a profound way. One of the most critical skills of an effective leader is communication. Communication is the cornerstone of leadership!
- There are numerous benefits of effective communication skills in the workplace—it ameliorates workplace culture, eliminates barriers and resolves issues, builds relationships for collaboration, increases productivity, improves time management, and enhances morale. By way of contrast, the negative consequences of ineffective communication skills are heightened employee turnover, increased sick time, poor customer service, decreased morale and low productivity, lack of focus, and chaos and confusion.

A key point to remember is that communication in the workplace will always be a work in

progress and continuously evolving, so the good news is that there are always ample opportunities for improvement. As a leader, you set the tone for appropriate communication in the workplace. For example, what and how much to communicate, the vehicle in which to share this information, and the timing of your message.

- I offer a few communication strategies:

1. Three strikes and you're out: After three email exchanges, if your issue isn't resolved, it's time to exercise a different approach. For example, picking up the phone or engaging in a face-to-face conversation might be more effective.
2. Information overload: Depending on your target audience, know how much information to share. Sometimes it's relevant to share details; other times it's not, and giving the big picture overview is sufficient.
3. Close the loop: This is my favorite strategy and one that I teach to individuals whom I mentor! What this means is to send a final

email communication using these exact words—"close the loop"—to let someone know that the task or issue has been completed or resolved.

Another point to emphasize has to do with not responding to emails that are sent to email functional

mailboxes. If someone has to constantly follow-up with you as the point of contact, then you're completely missing the mark in terms of effective communication. This notion also applies to folks who make it a practice of not responding to emails and placing all of the responsibility on someone else to follow-up with you. Equally important is if you say you're going to do something, then do it; otherwise don't say it. Furthermore, if something comes up so you're unable to meet a deadline or fulfill what you had said you would do, then communicate, communicate, communicate. Take ownership of yourself! Be careful not to get caught up in making endless excuses or rationalizing your bad behavior.

In conclusion, I leave you with food for thought: At times, for whatever reason, we choose to

hide behind our computer, I-phone, or I-pad not wanting to engage with people in a face-to-face manner. Mastering face-to-face conversations is the heart and soul of communication. Exhibiting this skill as a leader can catapult your leadership to a level that people will greatly appreciate. Part of being an effective and successful leader is the skill of communicating well, both orally and in writing. It's important not to compromise quality by rushing or being impulsive—sometimes waiting twenty-four hours or longer before sending an email or taking action on a difficult issue is a prudent approach. Human connections are a vital part of interpersonal relationships that can enrich our lives in very profound ways. Self-introspection and professional and personal development are key to creating and sustaining an effective leadership and communication style and approach. Notwithstanding, part of your legacy or footprint will be evaluated based upon how well you did or didn't communicate. Lastly, lead by example, because your behavior and actions teach others so much.

2020 BCOAG Annual Awards Call for Nominations

Deadline: Friday, March 6, 2020

WHAT: The Black Commissioned Officers Advisory Group (BCOAG) is seeking nominations for the George I. Lythcott Award, Hildrus A. Poindexter Award, Retired PHS Officers Recognition Award, and John C. Eason Responder of the Year Award. These awards recognize, and honor contributions made by individuals who have had a substantial impact on the mission of the U.S. Public Health Service (PHS) Commissioned Corps, Department of Health and Human Services (HHS), other federal government agencies as well as community health care organizations.

DETAILS: Self-nominations are accepted. Current BCOAG voting members are not eligible for these awards. Nomination forms are available on the Awards Committee website at <https://dcp.psc.gov/osg/bcoag/awards.aspx>

George I. Lythcott Award - Recognizes a junior officer (Grades O-2, O-3, or O-4) who has demonstrated a genuine sense of public service and leadership initiative, and whose contributions helped to protect, promote, and advance the health and safety of our Nation. Junior officers with a minimum of 3 years of service in the Corps are eligible for this award.

Hildrus A. Poindexter Award - Recognizes a PHS Commissioned Corps officer or civil service employee for outstanding contributions toward enhancing the health of minority communities in the United States and/or abroad. PHS officers and civil service employees with a minimum of 7 years of service are eligible for this award.

Retired PHS Officer Recognition Award - Recognizes a retired African American PHS Commissioned Corps officer for exemplary service to the PHS Commissioned Corps and the Nation. Retired officers that served a minimum of 10 years on active duty with the PHS are eligible for this award.

CAPT John C. Eason Responder of the Year Award – Recognizes the accomplishments of an active member of a BCOAG committee who has made outstanding contributions to the PHS by responding to critical public health events either domestically or internationally. This award is open to all ranks.

NOMINATION DEADLINE: COB Friday, March 6, 2020.

POC: Please submit nominations to bcoagawards@gmail.com. For questions; please contact LT Folaremi Adeyemo at Folaremi.adeyemo@fda.hhs.gov. Subject line of email: "Annual Awards".

Please note: All relevant accomplishments from the date the nominee was called to active duty or began Federal service can be used to meet the award criteria. Without exception, nominees must meet all criteria by the nomination deadline.

Law Offices of
David P. Sheldon, PLLC
International UCMJ Defense Attorney

Worldwide Representation
202-552-0018



Criminal ▶ **Administrative** ▶ **General Military** ▶

"GREAT AMERICAN SMOKEOUT" Day Event at Otay Mesa Cargo Facility

by LCDR Gustavo Miranda & LCDR Sandra Duncan

On November 21, 2019, USPHS Officers LCDR Gustavo Miranda and LCDR Sandra Duncan serving as Consumer Safety Officers for the FDA in San Diego, CA, participated in the annual "Great American Smokeout" intervention event held on the third Thursday of every November by the American Cancer Society. The first event originated in San Francisco on November 16, 1977. This event challenges individuals to quit smoking on that day or use the day to make a plan to quit smoking. A total of thirty-eight people, including Customs and Border Protection (CBP), CBPAS, USDA, and FDA staff, along with some civilian truck drivers were educated on the harmful effects of smoking, including e-cigarettes. Two individuals said they wanted to quit. One person will attempt to quit in the next thirty days, six received quitting resources, while another person requested information regarding treatment for change.

Overall, thirty-eight participants received educational materials. Many were shocked to hear about the increasing use of e-cigarettes among the youth population. According to CDC and FDA data, twenty percent of high school students used e-cigarettes in 2018. Participants also learned that e-cigarettes come in kid-friendly fruit flavors like mango, blueberry, and bubble gum. These flavors are more appealing to youth. E-cigarettes have been linked to lung disease and contain nicotine, a highly-addictive chemical. Many participants expressed gratitude and felt we heightened their awareness regarding e-cigarettes. They vowed to further explore what their children may be exposed to and to educate their children against "vaping" and its harmful effects.



PHS Commissioned Officers Foundation

Donations Received, December 1, 2019 to January 31, 2020

Founder's Society (\$2,500)

CAPT Frank Dodge ^

Platinum (\$1,000)

RADM Marlene Haffner
CAPT Deborah Levy
CAPT Eugene Migliaccio #

Gold (\$500)

CAPT Carol Baxter \$
CAPT Sammie Beam
VADM Richard Carmona ^
RADM Van Hubbard
CAPT Hugh Mainzer ^

Silver (\$250)

CAPT Carol Baxter
CAPT Thomas DeCaro
CAPT Walter Fava
CAPT Ferdinand Hassler
CAPT Stephen Holve ^
RADM Boris Lushniak ^
CAPT Janet McDonald
RADM George Reich ^
Ms. Sonia Robinson *
CAPT David Taylor

Bronze (\$100)

Dr. Laurent Adler
CAPT Sarah Arnold
CAPT Shirley Blakely
CAPT Lynn Bullard
LCDR Kimberly Calvery
CAPT Nancy Egbert
CAPT James Felsen ^
CAPT Elizabeth Hiner
CAPT John Iskander

CAPT Michael Long

CAPT Seymour Williams %

CAPT George Durgin, Jr.

CDR Elaine Bond

CAPT Linda Brown

CAPT Michelle Hall ^

CAPT Robert Adelstein

CDR Michael Ahmadi

LT Ubong Akpan ^

CAPT David Alton

LT Oluwaseun Asante *

Ms. Leslie Bassett *

CAPT Francis Behan

CAPT Maria Benke ^

CAPT Ira Berkower

CAPT Gary Blache

RADM Susan Blumenthal

CDR James Calvert, Jr.

CAPT Jeffery Combs \$

CAPT Winston Dean

CAPT Yvonne Green

Dr. Paul Kalkut

RADM Douglas Kamerow

CAPT Arthur Kawatachi

CAPT Laura LaBranche

CDR Timothy Lape

CAPT Carl Merrill

CDR Griff Miller ^

LCDR Ellen Molinaro

CAPT Robert Mork

CAPT John Motter

CAPT Maryann Robinson

LCDR Robert Schafermeyer

CAPT J. Gary Sirmons

CAPT Brenda Stodart

CAPT Susannah Wargo

Dr. Warren Appleman

CAPT David Arday

Dr. David Berkowitz

CAPT David Bernhardt

CAPT Bruce Burnett

CAPT Lawrence Chaitkin

CAPT David Cramer

CAPT George Grimes, Jr.

CAPT Christine Johnson

CAPT James Keene

CAPT Robert McClelland

CAPT Thomas McDermott

CAPT Joan Mueller

LCDR Andrew O'Carroll

Ms. Clarice Reid *

CAPT David Robbins

CAPT Jerome Short

CAPT Wilnetta Sweeting

CDR Emily Watchman

Mr. John Wilkens

Mr. Stephen Deming

Mrs. Carol Dellapenna

CAPT Robert Gunn

CDR James Kenney III

CAPT Mark Anderson

CAPT Maria Benke ^

CAPT Charles Lee

CAPT Shani Lewins

LCDR A. VanNostrand, Sr. ^

Ms. Judy Williams

CAPT Michael Kennedy \$

CAPT Richard Melton

LT Jerome Anderson ^

CAPT Anthony Warchut

^ C. Everett Koop Living Legacy Fund

\$ Dependent Scholarship Program Fund

* Mishoe Believe Scholarship

RADM Jerrold Michael Fellowship Fund

% Disaster Relief Fund

All other donations were made to the COF General Fund

Friends (Under \$100)

CAPT David Larson
Dr. Joseph DiBartolo

We Welcome New Members of COA, December 1, 2019 to January 31, 2020

LCDR Shakirat Apelogun
LCDR Sheila Barthelemy
CDR Gino Begliutti
LT Lorna Benoit
LT Matthew Brown
Ms. Rosemarie Calvert
LCDR Benjamin Cloud
CDR James Coburn
CAPT Karen Dorse
LCDR Laura Edison
LCDR Kai Elgethun
LCDR Jesse Goodman
LCDR Soo Han
CDR LaMar Henderson

CDR Gary Hobbs
LT Sherray Holland
CDR Alice Hopper
LCDR Sally Iverson
LCDR Latorie Jones
LTJG Ngoc Kelsch
RADM Nancy Knight
CDR Amy Kolwaite
Ms. Beth Krah
CAPT Greg Kullman
LT Matthew Lindsley
CDR Amy Longtime
LT Phillip Mathis
LCDR Lisa Meyers

CDR Kimberly Nguyen
LCDR Damian Parnell
CDR Amy Peterson
CDR Cy Riffle
Dr. Jack Ross
CDR Antoine Smith
LT Jessica Snukis
CAPT James Sorenson
LT Demario Walls
LCDR Matthew Washburn
CDR LaKisha Williams
CDR Hawyee Yan



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!

LEGISLATIVE from page 2

age of health care facilities owned by the Indian Health Service is approximately thirty-five years. "The agency's aging infrastructure may be negatively impacting the quality and outcome of patients' care," the press release said.

Longstanding Issues

"IHS hospital administrators have reported that old or inadequate facilities and medical equipment have challenged their ability to provide the highest quality care for patients," the letter noted. This made it difficult to maintain compliance with Medicare Hospital Conditions of Participation. Nearly thirty-five percent of the deficiencies found by CMS investigators have been related to inadequate facilities and equipment. Some

fail on infection control criteria, others have outdated medical equipment.

COA 'Ask' of its Members

In terms of broad data, I think that the congressional advocates and our own coalition members have the big picture covered. In addition, The Wall Street Journal has published compelling and generally sympathetic stories on how the Indian Health Service struggles to do a lot with very little.

I am asking COA members to share with me telling examples of what outdated equipment and short staffing can mean in terms of delivering decent patient care. Experts sometimes tend to disparage anecdotal evidence. But

the truth is, anecdotal evidence is what changes hearts and minds. Please send information to jrenzberger@coausphs.org or call me at (301) 731-9080, ext. 7014. I want case information that I can share in face-to-face meetings with Congressional staffers who handle health issues. Let me know what (if any) information needs to remain confidential. I am out of the office much of the time, so please let me know how and when to reach you to follow up.

Timing

I tend to believe that timing is everything. For those of us who advocate for the Indian Health Service, I think our time is now.

Support for PHS Reserve Corps

by Col. Jim Currie, USA (ret.)

On 19 December 2019, a letter signed by thirty-one members of The Military Coalition (TMC) was submitted by TMC to Congressional leaders. The letter was drafted by COA and submitted by us to TMC for consideration. There are two bills currently pending in the House and Senate to create a Reserve Corps for the US Public Health Service: H.R. 4870 and S. 2629. COA supports these efforts. The TMC letter can be found on the COA website at https://cdn.ymaws.com/coausphs.org/resource/resmgr/lettersandnewsmedia/cc/tmc_letter_re_phs_reserve_c.pdf

ADM Brett Giroir, Assistant Secretary for Health and HHS and the highest-ranking officer in the Commissioned Corps, acknowledged COA's work in drafting the letter and getting it signed. In a 6 January 2020 email, he said the following:

"I would like to extend my thanks to you, COA, and the Coalition.

Much appreciated, and we all look forward to getting this DONE."

OASH from page 4

- Officers must wear the prescribed uniform of the day.
- If officers do not receive funding from the agency to attend or are not attending on permissive TDY, then they must take annual leave to attend. Officers on annual leave must still wear the prescribed uniform of the day.

What Should Regular Corps Officers Do?

Sign up to attend the 2020 USPHS Symposium on June 15-18 in Arizona. Request funding from your agency. Contact your Category's PAC regarding how you can assist with Category Day or volunteering during the conference. Consider submitting a poster when the call for posters is released.

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.

Executive Director

Jim Currie
jcurrie@coausphs.org

Contractor

John McElligott
jmcelligott@coausphs.org

Chief Financial Officer

Teresa Hayden Foley
thayden@coausphs.org

Government Relations

Director
Judith Rensberger
jrenberger@coausphs.org

Membership Coordinator

Donna Sparrow
dsparrow@coausphs.org

Director of Administration

Erica Robinson
erobinson@coausphs.org

Producer

Qurveball Media, Victor Perea

Leading Edge Conferences

Tim O'Neill

Group Insurance - AGIA

(888) 633-6459



COA

8201 Corporate Drive, Suite 1170
Landover, MD 20785

©2019 Commissioned Officers Association

www.coausphs.org
www.facebook.com/coausphs

www.twitter.com/coausphs
www.instagram.com/coausphs