

Face Time with the United States Surgeon General



From left to right: CAPT Jean Pierre DeBarros, CAPT Robert Windom, CAPT Indira Harris, VADM Vivek H. Murthy, CDR Stephen Rabe, CDR Hillary Duvivier, LT Brittanie Butler, LT Jeremy Garcia, LCDR Steven Tidwell, LT Nathan Drew

by LT Nathan Drew, Behavioral Health Provider/Communicator Coordinator, IHSC - Krome North Service Processing Center

When it was announced that Vice Admiral Vivek H. Murthy (Miami-native) would be in the region, the opportunity for engagement became a top priority for South Florida public health officers. At present, well over 75 active-duty USPHS officers are stationed in this southern region of Florida.

On July 18, 2022, LT Nathan Drew and CAPT Robert Windom, in conjunction with the office of the U.S. Surgeon General (OSG), organized an official meet-and-greet event, granting southern Florida officers the esteemed honor of being face-to-face with VADM Murthy. These officers included CAPT Jean Pierre DeBarros, CAPT Indira Harris, CDR Stephen Rab, CDR Hillary Duvivier, LCDR Steven Tidwell, LT Brittanie Butler, and LT Jeremy Garcia.

On a warm July evening, the group gathered in a relaxed environment to meet VADM Murthy and to discuss important Corps-related matters. The main goals and objectives, as communicated by OSG, included obtaining feedback from officers of their specific experiences in the field, as well as connecting with officers to hear and address immediate concerns. VADM Murthy also provided contextual background information on updated rules and practices, efforts directed towards creating a more deployable force, improving the infrastructure of the Corps, and addressing the well-being of officers. However, what VADM Murthy seemed to be most interested in were the direct perspectives of those operating in the field. He strongly encouraged the officers in attendance to pose any questions or concerns so that he could provide direct responses and context, where appropriate.

from the
Executive
Director



Jacqueline Rychnovsky,
PhD, FAANP, CAE
Captain (Ret.), Nurse Corps, US Navy

How to End the Invisibility

In late August, I was in Washington, D.C., along with PHS Commissioned Officers Foundation (COF) President RDML Randall Gardner, to film the introduction to a Public Broadcasting Service (PBS) documentary titled "The Invisible Corps." We are making great progress in the beginning stages of filming but have not yet reached our fundraising goal needed to complete the project.

In case you are unfamiliar with this project, COF is partnering with Christopher Productions, LLC to produce a documentary on the U.S. Public Health Service (USPHS) for PBS. It will cover the history and role of the USPHS, highlighting aspects of the USPHS Commissioned Corps to educate viewers about the role that officers play in the future health of our nation, and the world. The filming took place on a gorgeous late summer day at the Signer's Memorial on the National Mall.

While things are progressing, with numerous senior leaders (including our current Surgeon General, VADM Vivek

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COA Member Benefits

Capitol Hill Representation

Efforts on Capitol Hill continually support all Commissioned Corps officers – active, former, reserve, 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

Newsletter reports on monthly activities and items of interest of COA and the USPHS Commissioned Corps

Ribbon

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

Insurance Programs

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

USF Online Programs

Discounted degree and certificate programs like PhD, DrPH, MPH, MSPH, and MHA

NYMC Online MPH

50 percent discount for the online MPH and certificate programs

Scholarship Programs

College scholarships for children, grandchildren, and spouses of COA members and high school seniors

The Ohio State University

In-state tuition for graduate nursing and certification programs



Legislative Update A Push to the End of FY 2022

by LCDR Christopher Mendoza-Truong, Pharm.D., USPHS Chair, Legislative Affairs Committee

It is my honor to serve as a new Board Director and Chair of the Legislative Affairs Committee. CAPT (ret) Alan Echt has been an instrumental resource for COA's legislative efforts, and it is a privilege to continue the legislative advocacy with a cadre of 16 new Legislative Affairs Committee Members. We were all called to serve in this capacity because we believe in a central goal of being proactive in advocating for parity with the other services to ensure USPHS officers receive what they deserve. As CAPT Karen Munoz stated in her electric poem during the 2022 USPHS Scientific & Training Symposium, "We Serve Too!"

With the close of FY 2022 fast approaching, COA is honing down its legislative priorities to a select few to be included in the Continuing Resolution.

Expiring Leave for USPHS Officers

As many of you know, we were able to include language in the PREVENTS Pandemic Act that would permanently fix the leave carry over to reflect parity with the other uniformed services to be able to accumulate annual leave of no more than 120 days for any active duty USPHS Commissioned Corps officer or

officer of the Ready Reserve Corps. This was introduced in the senate, sponsored by Senator Marray (D-WA) on 15 March 2022, but unfortunately has not made any movement since. COA is advocating for renewing the current temporary fix for expiring leave as we have done so in the past Continuing Resolutions.

DD214

In August 2021, Commissioned Corps Headquarters announced a conversion of the PHS 1867 to the DD Form 214. As of 1 October 2021, Commissioned Corps Headquarters started issuing the DD Form 214 to USPHS Commissioned Corps Officers who are released from active duty. COA is advocating for the issuance of the DD Form 214 for officers who retired or separated from USPHS Commissioned Corps service prior to October 1, 2021 and received the PHS 1867 Statement of Service.

Family and Medical Leave Act

The FMLA entitles the spouse, son, daughter, parent, or next of kin who work for covered employers to take unpaid, job-protected leave to care for a family member who is a current servicemember with a serious injury or illness. The current language of the FLMA 29 USC Chapter 28 uses the verbiage "armed forces" instead of the "uniformed services" and by doing

see **LEGISLATIVE** continued on page 7



Officer Basic Course Open House is Back In-person

by LCDR Carla Chase, CCC-SLP.D., CDR Kathryn Jacques, DPT, and LT Christina Nappa, MSW, LCSW, BCD

Newly commissioned officers have started coming back together for their two-week in-person orientation to complete the Officer Basic Course (OBC) in June 2022. The OBC affords officers valuable training in the standards and services all officers should know to adequately represent the United States Public Health Service. Officers are given an overview of the history and background of the Department of Health and Human Services (HHS), the Commissioned Corps of the U.S. Public Health Service, and life in the uniformed services. They learn information about competency and career development, customs and courtesies, as well as force readiness and deployment. In addition, they test their physical agility during a structured Annual Physical Fitness Test. One of the best activities about OBC is the open house. The most recent open house was led by LCDR Michael Simpson, an engineer assigned to the Food and Drug Administration (FDA), and LCDR Candice Todd, a physical therapist at the Office of the Surgeon General (OSG)/Office of the Assistant Secretary for Health (OASH). Open House was where newly commissioned officers were able to meet and greet officers in their category professional advisory committee, and representatives from professional groups such as the



Newly Commissioned USPHS CC Officers attend June in-person OBC Open House

Commissioned Officers Association (COA), Junior Officer Advisory Group (JOAG), Black Commissioned Officers Association Group (BCOAG), Hispanic Officer Advisory Committee (HOAC), and Commissioned Corps Women's Issues Advisory Board (CCWIAB). The June OBC class had nearly three dozen officers from six categories and the July OBC class was larger with officers from ten of the eleven categories. Officers enjoyed the open house and welcomed the support of

all those present. They made connections, built networks, and felt a sense of camaraderie as they prepared to journey back to their duty stations. If you are in the District of Columbia, Maryland, or Virginia area and would like to meet newly commissioned officers attending OBC's open house, reach out to your category or group leaders and let them know that you would like to represent and make plans to be at one of the future events.

My Story About Receiving Expanded Public Service Loan Forgiveness

by LCDR Stacey Nelson, PharmD, TTS, BCACP

While the Public Service Loan Forgiveness (PSLF) program has been around since 2007, the Temporary Expanded Public Service Loan Forgiveness (TEPSLF) program was announced in October of 2021 and includes many temporary changes that would benefit those of with remaining Federal education loans. There were many reasons in the past that a payment was not counted towards the 120 needed payments including: receiving a temporary economic forbearance, making a late payment or a partial payment, or being in the wrong repayment plan. Also, in the past, if you consolidated your loan, the

payment count went back to zero and started over going forward. If you made four years of payments and consolidated, you lost 48 months towards your 120-month total even if you were on time and in the correct plan. I found this to be true and have talked to multiple people that discovered the same thing the hard way as it was something not routinely advertised or discussed.

I was made aware of the temporary expanded policy early this year. I did some research and was excited to see the multiple changes that made it easier to count payments made in the past, including counting

see **LOAN FORGIVENS** continued on page 20



2022 Photo Contest

SHOW US YOUR BEST SHOTS!

You've been there. You've done that.
You've seen the moment and snapped the shot.
All you must do for a chance to win is submit your photo.
The theme of the photo contest focuses on PHS officers
engaging in activities that promote and protect the
health of the nation at home and at work.

SUBMISSION DEADLINE: 10/05/2022

1st Place Prize: Free annual COA membership for one year OR
Amazon gift card equivalent to that of the membership value (Life Members only)

2nd Place Prize: \$100 Amazon gift card

3rd Place Prize: \$50 Amazon gift card

Full Contest Rules and Consent Form:

<https://tinyurl.com/coa2022photocontest>

Photo Suggestions:

Deployments
Community service
Local branch events
Resiliency, self care
Telework photos
Work-related photos



Credit: Jill Gelviro



2021 Photo Contest Submissions:



Credit: Sophie Soo

Credit: Kun Shen



Photo by Kun Shen

Member Spotlight

LCDR Marcia Fields PharmD and LCDR Abby Petrusis, PharmD, MS, BCPS

by CDR Suzanne Redmon, RDH, BSDH, MSHI

This member highlight is unique as it highlights not one but two distinguished officers, LCDR Marcia Fields and LCDR Abby Petrusis. I was fortunate to be on the deployment discussed in this article with both talented officers. In Spring of 2021, a deployment to Phoenix Indian Medical Center (PIMC) brought us together during the COVID-19 Pandemic, uniting a group of officers that would normally not have the opportunity to meet or join forces.

LCDR Marcia Fields earned a bachelors in sociology from Wake Forest University and a Doctor of Pharmacy from Virginia Commonwealth University. LCDR Abby Petrusis attended the University of Kansas earning a Bachelor of Science, a Masters of Science in Pharmaceutical Chemistry, and a Doctor of Pharmacy. LCDR Petrusis then completed one year of postgraduate residency training at PIMC and became board-certified in pharmacotherapy.

LCDR Fields has served in the Commissioned Corps since 2015 and was motivated to join the Corps in 2010 while attending an alumni recruitment presentation. She felt it was a best kept secret, is thankful for the benefits we share with DoD, and felt that the Corps serves populations that compliment her desire to address issues of health equity and care access. LCDR Petrusis has served in the Commissioned Corps since 2018 and was motivated to join the Commissioned Corps during the Ebola crisis. During the crisis, she was a pharmacy student intern at the Haskell Indian Health Center working with PHS officers who highlighted the role and benefits of PHS career. LCDR Petrusis felt the Corps' mission aligned closely with her personal mission.

When asked what the COA means to them, LCDR Fields expressed that COA provides an empowered/united voice for officer concerns, a network of dedicated individuals who research, labor, and move us forward

to make a change for PHS officers. LCDR Petrusis stated COA is important to her and is grateful for COA's team and the opportunity to connect with other officers.

PIMC sees patients from hundreds of tribes across the country and expands access to care through pharmacist-run clinics. As a result of COVID-19, PIMC opened an immunization clinic, a COVID-19 monoclonal antibody infusion clinic, and a COVID-19 testing clinic. The immunization clinic has been highly successful, thanks in part to PHS Officers who deployed to PIMC from FDA and other agencies in February and March of 2021. This deployment allowed for a higher volume of patients to receive the COVID vaccines at the daily indoor clinic and the two drive-through community COVID vaccine events.

Both officers held impactful roles within the vaccine clinics. LCDR Fields explained her role during the PIMC deployment which included a weekday indoor vaccine clinic and two drive through community COVID vaccine events stating she was mostly a vaccinator, but she also verified screening information, mitigated last minute fears, empowered returns for the second dose, combated misinformation, and emanated a positive overall experience for patients. The clinic allowed for rotation of other duties including vaccine preparation, welcoming patients, intake screenings, post-vaccine observation, personal patient interaction for reassurance, and telephone scheduling. LCDR Fields expressed that the entire experience was positive for her and how collaboration for advertisement, scheduling, training, and implementation were harmoniously brought together to complete the mission. LCDR Fields stated that being able to enhance the scale and volume of COVID vaccine services at PIMC brought a sense of pride and reward for her to see how the deployment had such a great impact in a short amount of time. The drive-through vaccine events were held a few weeks apart, allowing for operational improvements in between events.



LCDR Marcia Fields, PharmD



LCDR Abby Petrusis, PharmD, MS, BCPS

LCDR Petrusis led the COVID-19 vaccine rollout due to her experience with immunizations. She was tasked with identifying clear plans for vaccination of a 70,000-user population of employees and patients. After rolling out the initial phases to healthcare workers and elders, a needs assessment was conducted. LCDR Petrusis explained that it was clear several additional events would be necessary to vaccinate at a higher rate. After securing additional immunizers and event staff via USPHS deployment, she led an incident-command style multidisciplinary team to coordinate the first-ever drive-through vaccination clinic at PIMC. She stressed how this was a challenge due to the urban location at busy cross streets in Phoenix, AZ. LCDR Petrusis led coordination of the daily indoor vaccine clinic and both days of the drive

see **SPOTLIGHT** continued on page 21



Board of Directors

Tabletop Exercises with Local Health Departments

by LCDR James Gooch, Chair-Elect

I recently had the opportunity to facilitate tabletop exercises with a half dozen local health departments across the country. Like many of us, the last few years have been full of long hours, tough decisions, increased turn over, and loads of criticism, all the while trying to balance their routine program services against mounting response priorities. All of it has pushed the field of public health to the brink. Over the last few months, my job has been to stare over that ledge with local health departments. Sitting safely around a table, we have commiserated on the intricacies of how to balance respiratory pandemics with natural disasters- all while safely sipping coffee in our chairs. Carefully measuring the limits of public health emergency capabilities is a fine endeavor, but these exercise discussions have been powerful. What I have witnessed is both concerning and inspiring.

Let's start with the concerning part. Many local health departments are short staffed. It's been over two years since the onset of the pandemic and people have left in staggering numbers. Our team's bench is shallow. However, this issue has been decades in the making. Advocacy organizations have been ringing the alarm bells for public health for years. And like many issues, the pandemic pushed the public health workforce shortages right to the front. Our field is struggling with a considerable lack of retention, poor recruitment, waves of retirement, and inadequate succession planning. These issues are plaguing the profession. The remaining staff are being asked to do more

with less, with fewer guide rails protecting them from burnout. New workers are coming online with little requirement for training – thereby being seasoned in a trial-by-fire. For local leaders, hard choices are being made (or not made) on how best to manage the most important public health resource – our workforce. As you can imagine (or attest to) there are no easy answers. In fact, our tabletop exercises have stepped right into this space. The discussions have been borderline therapy sessions at times. While hot washing the staffing issues has been cathartic for many, we continue to fall short on the addressing how to do more with less.

Yet, despite all of this, I have been wholeheartedly inspired by my travels. In every health department I visited, optimism is shining bright. Maybe it's the feeling of finally achieving a "steady state" with the pandemic or cynicism mixed with acceptance. However, I can honestly attest that the public health emergency landscape has shifted dramatically at the local level. A cross pollination of public health and emergency management is occurring. Health equity is finally going mainstream with emergency managers – as intention, purpose, and application of the key issue within emergency preparedness plans. Community resilience is being discussed by police and fire officials, with a focus on how to increase it via local partnerships. New bonds have been forged between public health and emergency management. A mutual understanding has been transformed into robust capabilities. This common purpose, pushed-on by

robust emergency funds, has grown local capacity with once non-traditional partners. And to that point, the seeding of ideas in this space has been very productive. It has been inspiring to hear that local fire/police are teaching public health about staff resilience. It has been slowly building for the last few years, but finally the need is so great it can longer be ignored. Whether out of requirement or intentionality, best practices in this space are now emerging. Examples include: inclusion of staff resilience officers and employee assistance programs in ICS plans; enforced work policies with quiet hours after 5p and on weekends; peer to peer support programs like Code Lavender; and trainings focused on skill building and self-awareness like "Caring from the Inside Out." And while this new sense of purpose and collaboration was undoubtedly forced into existence, what comes next will be the most telling.

Public health, after all, is in the practice of intervention. As we now turn the mirror to ourselves to explore our own needs, let's be honest and forthright about what is needed. And while we keep the momentum going, we also protect the important elements of our profession - each other. As leaders in our field, we set and sustain the standards of public health. Right now, we have the opportunity and to push that standard further. I offer this general observation with the request that we find inspiration from the challenges in our field and move forward.

Florida Home-of-Record Officers Now Recognized by Florida's DMV

by CDR Stephanie Kenez, CPH, MPH, PMP

As of August 10, 2022, Public Health Service officers with a home-of-record of Florida are being treated as equals to the Armed Forces with regards to motor vehicle registration by the Florida Department of Highway Safety and Motor Vehicles. In July, I tried to register one of my vehicles in Florida, consistent with my other vehicles. However, I was met with quite a surprise when the county tax collector's office told me my Health and Human Services personnel orders identifying me as a Public Health Service officer meant I was expressly excluded from military benefits as they relate to vehicle registration in the state of Florida. Namely, these benefits include waived initial vehicle registration fees and allows Florida home-of-record service members on active-duty, and stationed out-of-state, to register their vehicles in the state of Florida.

In January 2019, Florida Highway Safety and Motor Vehicles (FLHSMV) issued [Technical Advisory RS/TL19-001](#) that specifically noted the Public Health Service Commissioned Corps is "NOT covered by Florida Statute" and not eligible for military exemptions and privileges. Upon reading this advisory, I started researching Florida Statute and the U.S. Code. As a result of being denied registration by my Florida county's tax collector's office, I composed a letter to the FLSMV department that highlighted why their interpretation of Florida Statute and U.S. Code was incorrect. After about a month of back and forth with the state,



FLSMV conducted a statutory and legal review, and subsequently issued an updated [Technical Advisory \(RS/TL22-023\)](#) on August 10, 2022 that reversed their 2019 policy decision to exclude PHS.

The reversal in policy not only benefits Public Health Service officers, but those in the National Oceanic and Atmospheric Administration Commissioned Corps, the Space Force, and qualifying reserve and National Guard members. All these entities are now considered covered by Florida statute and are eligible for military exemptions (related to vehicle registration) covered under insurance verification, the non-resident U.S. Armed Forces exemption, and the initial registration fee exemption.

FLHSMV is currently working on an update to their driver's license policies

to be congruent with their motor vehicle policies as they relate to uniformed services. Once the policies are updated, Florida home-of-record officers should be able to renew their driver's licenses by mail and put their out-of-state residential address on their Florida driver's licenses.

While policies differ state to state, this is an excellent example of how research and perseverance can result in a favorable outcome for our officers. With the help of an excellent customer service supervisor and two veterans advocates within FLHSMV, this seemingly large and very impactful feat was accomplished. I am proud to be a Floridian and part of the Public Health Service and will continue to educate others on the value of our service.

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so, excludes officers of the USPHS Commissioned Corps and NOAA Commissioned Officer Corps. COA is advocating a need to change the definition of a covered service member to a member of the "uniformed services" to allow your family members to take care of you in case you need it.

As we are working tirelessly and advocating on your behalf on Capitol Hill in preparation for the closing of FY 2022, we

encourage you to also utilize the recently published COA USPHS State Legislative Advocacy Guide. Advocacy at the State Level matters because it helps local governments see the value in what we do as USPHS Commissioned Corps Officers and our impact that we make in our efforts to protect, promote, and advance the health and safety of our nation.

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DC COA Family and Friends Picnic Commemorates USPHS Birthdate

by LCDR Belinda Slaughter, LCDR Mirabelle Adamu, LCDR Jamillah Bynum, LCDR Miranda Nelson, LCDR Ulysses Singleton, LCDR Candice Todd, LCDR Angelina Williams, LT Samora Casimir, LT Cindy Pallack, and LT Jamla Rizek

After a two-year hiatus, the DC COA enthusiastically resumed its annual summer picnic for area officers and their family and friends. In response to the COVID -19 pandemic, PHS officers have been deploying in unprecedented numbers and actively engaged in the public health emergency, caring for the health and safety of the nation. The 2022 DC COA Family and Friends picnic provided a much needed and well-deserved opportunity for officers to relax and reconnect outside of virtual platforms and enjoy friendly conversation, great food, and camaraderie.

The day began with the PHS Family & Friends Reunion 5k Run, led by LT Samora Casimir and LCDR Mirabelle Adamu at 10 am. A total of 19 participants convened at Bohrer Park in Gaithersburg, MD to participate in the run. The heat did not stop anyone from having fun on such a beautiful day. The participants included 10 officers and 9 civilians. It was a great opportunity to break a sweat, burn some calories, and work up an appetite for the catered BBQ picnic.

The picnic itself was also a great success! It was attended by 51 active duty and retired Commissioned Corps officers and 57 civilians. The officers represented a variety of agencies including the FDA, ICE, NIH, CCHQ, and HRSA. Attendees included newly Commissioned officers as well as those near retirement and everything in between and created an opportunity to network and foster new connections. There was even a wise attendee who



All smiles at the 2022 DC COA Family and Friends Reunion Picnic

came with an interest in and intent to apply to the USPHS Commissioned Corps.

The Planning Committee tirelessly researched and evaluated many venues and caterers for the event before the final decisions were made. LCDR Miranda Nelson, LCDR Angelina Williams, LCDR Jamillah Bynum, and LT Jamla Rizek committed many hours and phone calls to make this event a success and stay within budget. Communications was led by LCDR Candice Todd who facilitated a QR code for additional event information and created the flyer for use on social media. The friends and family reunion planning committee was headed by LCDR Ulysses Singleton and LT Cindy Pallack. Kudos to all for a job well done.

The picnic was intentionally held on July 16th to commemorate and celebrate the birthdate of the U. S. Public Health Service. On July 16, 1798, the Act for the Relief of Sick and Disabled Seamen was signed into law and authorized the formation of the U.S. Marine Hospital

Service. The Marine Hospital Service would later become the Public Health Service in 1912. At that point, the Marine Hospital Service had expanded beyond providing service exclusively to seamen. The Public Health Service serviced the entire nation. It was in 1889 that Congress established the Commissioned Corps with Army and Navy titles and rank. The rest, as the saying goes, is history.

While the Family and Friends picnic was a great opportunity to fellowship, it was also a reminder for all officers to prioritize the time to rest and tend to their own physical and mental wellbeing while continuing to serve and take care of others. Most of all, we celebrate the privilege of another year to serve in the U.S. Public Health Service and salute each of the thousands of PHS officers who are committed to continue to advance the mission of the U.S. Public Health Service, within our nation, and around the world.

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Fair Winds and Following Seas to an Outstanding Officer - CAPT Holly Ann Williams

by LCDR Folasade Kembi and CDR Eva McLanahan

It is not every day you come across someone akin to a sister, aunty, mother, and friend while serving in the uniformed services. Nonetheless, CAPT Holly Ann Williams (ret) is all of the above to multiple officers that know or worked with her throughout her twenty-six year career as a nurse officer in the U.S. Public Health Service Commissioned Corps (USPHS) at the Centers for Disease Control and Prevention (CDC). She received her BSN from the University of Pittsburgh, MN from the University of Washington, and PhD in anthropology (medical/cultural) from the University of Florida. She was inducted as a Fellow into the American Academy of Nursing in 2016. CAPT Williams served at CDC for the duration of her Commissioned Corps career. She began as an Epidemic Intelligence Service officer, then served as a dedicated nurse epidemiologist in the Division of Parasitic Diseases working on malaria. She had a passion for the work she did in the Division of Global Health Protection on refugee health and the Division of Violence Prevention as team lead for intimate partner violence, and teen dating violence. Just prior to retirement, she filled a critical role as Director of CDC's Occupational Health Clinics (OHC) throughout the COVID-19 response. At OHC, she oversaw policies and procedures that were responsible for protecting thousands of CDC employees from COVID-19 on deployment and other health hazards in the workplace. She was instrumental in launching the CDC COVID-19 vaccine campaign for CDC staff, while simultaneously supporting up to five other public health emergency responses. She has been a senior leader, counselor, mentor, colleague, and friend to many at CDC and throughout the Corps.

CAPT Williams is a subject matter expert in humanitarian response and has years of global experience that spans clinical work, applied research, evaluation, teaching and policy advisement to UN agencies, Ministries of Health and other partners and stakeholders relating to complex humanitarian emergencies and natural disasters. She deployed numerous times to both domestic and international emergencies in leadership positions. As a founding member of the USPHS Rapid Deployment Force 3 (RDF-3) team, she served in various leadership positions for 13 years, including her last six years as Team Commander.

With several officers and family members in attendance, a ceremony to celebrate CAPT Williams' retirement was held at the CDC Roybal Campus on July 29, 2022. During the ceremony, some of the tributes showered on her included:

- "If CAPT Williams worked for you, you knew and felt like she would be brutally honest, completely reliable, competent, and dedicated to the vision and mission of your organization. If you were fortunate to have worked for her, you felt valued and



CAPT (ret.) Holly Ann Williams received the flag of the United States in an Old Glory ceremony. The flag was flown over the U.S. Capitol in her honor on July 1, 2022.

supported. You felt empowered, you felt you could share your thoughts and opinions. You felt like she would recognize and celebrate your successes. You also knew that she held us all, including herself, to the highest of standards, but you felt like she'd be fair and would be understanding of your goals and challenges." CAPT Jennifer Williams, Presiding Officer.

- "An epitome of servant leadership, she invested in the officers on RDF-3. She bolstered so many of us both professionally and personally, for which we will be forever grateful. When deployed, she fought for her team, she made sure that they didn't have to bunk on a trash barge during Hurricane Maria Response, and that, during the 2016 Louisiana Flood Response, one of the three fat/salt/carbohydrate-heavy meals we were fed daily was replaced with a nutritious salad or other hot-line choice from the university dining hall." – CAPT Jennifer Thomas, Sideboy and RDF-3 representative.
- "CAPT Williams was always there as a sounding board for me, I always knew I could email or call, and she would let me bounce CNWG ideas off her. She was a fervent and forever advocate for nurses. She has been a mentor to many nurses throughout their careers at CDC and in the Commissioned Corps." – Anonymous CDC/ATSDR Nurses workgroup (CNWG) member.

As CAPT Williams took her last salute as an active-duty officer, it was a privilege and an honor for many officers to have served alongside such an outstanding, capable, and caring officer. We wish her a happy and healthy retirement with fair winds and following seas!

Disclaimer

The findings and conclusions of the article are those of the authors. They do not necessarily reflect those of the Commissioned Corps of the U.S. Public Health Service or the U.S. Department of Health and Human Services.

Fort Bliss Texas UOA Deployment

by LCDR James Ireland, PharmD, MS, BCPS, CPH, CMQ/OE, LCDR Clint Merkel, PharmD, BCACP, LCDR Jennifer Iverson, PharmD, LCDR Sana Elassar, REHS, MPH, JD

Due to various factors contributing to the increase in unaccompanied children arriving at the U.S. border, the USPHS Operation Artemis (UOA) mission was authorized in April 2021. Many USPHS officers deployed in support of UOA; working in conjunction with federal volunteers, FEMA, U.S. Customs and Border Protection, contractors, and various non-governmental organizations. The purpose of this mission was to provide care to the unaccompanied children arriving at the U.S. border and support to the staff responsible for them.

PHS officers that deployed in support of UOA were tasked with various roles, including administrative, behavioral health, safety, vaccination support, and pharmacy

oversight. Austere conditions, combined with very intense heat, required officers to maintain awareness and safety. Many officers deployed in unfamiliar and non-traditional roles for the mission. They rose to the challenge by maintaining maximum flexibility and providing exceptional service and support to the children.

While deployed, PHS officers supported several COVID-19 mass vaccination clinics, delivering over 1,800 vaccinations to the children and staff. These clinics were supported by the entire deployment team, including pharmacy, medical, behavioral health, logistics, planning, and the Officers-In-Charge (OICs). Officers helped in numerous ways to ensure successful operation of the clinics. This included serving as interpreters, directing foot traffic, collecting and screening vaccination consent forms, preparing and administering vaccinations, and providing direction and oversight to federal contractors. Many of the clinics

were set up on short notice after the camp unexpectedly received thousands of near-expiration COVID-19 vaccines.

By maintaining flexibility, pharmacy officer LCDR Merkel fulfilled the Deputy Officer-in-Charge role at the Ft. Bliss Emergency Intake Site. Although this deployment role was new for LCDR Merkel, using his interpersonal and organizational skills learned as a pharmacist allowed him to navigate the various tasks encountered during the month. Of the many challenges during the month, LCDR Merkel served as a liaison to the children, tent staff, contractors, and site command to help resolve issues and promote the health and safety of the children.

Similarly, LCDR Elassar's role as safety officer required working closely with the safety contractor on issues related to the safety of staff, children, and fellow officers. In her role, she conducted evacuation drills, heat stress monitoring

see **DEPLOYMENT** continued on page 18



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Insights Into Recruitment and Retention From COA's Executive Director

by CAPT Christine Merenda, MPH, BSN, RN

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The U.S. Public Health Service (USPHS) and its officers are facing a period of significant change, with the transformation of the USPHS and the Covid-19 Pandemic. What affects officers also affects their service organization, and as a result, the Commissioned Officers' Association (COA) is also facing a period of significant change. The Executive Director of COA, Jacqueline Rychnovsky, CAPT, USN (Retired) stepped into her role during this period of change. Rychnovsky shared her perspectives and experiences with leading COA during this turbulent time.

COA is a member-driven service organization and officer feedback informs and has an impact on what decisions are made regarding retention and recruitment. "At COA, officer feedback is especially important. We rely on our annual membership survey to determine what is important to officers on topics which are both large and small. Some examples of items we surveyed members on last year are: reasons for joining; reasons for renewing; length of membership; communication preferences; advocacy priorities;

priorities in terms of member benefits; ranked importance of partnership with other Veteran Service Organizations/Military Service Organizations, OSG, CCHQ, OASH, etc., and; symposium attendance and topics of interest," explained Rychnovsky.

Officer morale in all uniformed services can turn negative during times of significant change. Rychnovsky said to improve morale, "Officers need to feel they are fully being listened to...to be heard. When officers feel they are not being heard, it heightens tension and fosters unhappiness and discontent. Officers then start looking for other career options." There were two interventions COA used with success. "During the pandemic, when officers could not meet in person, COA began holding events called COA Gatherings, which were quite popular. We also hosted two holiday 'open mic' nights and a few other virtual events for newly commissioned officers and Ready Reserve officers. These events were organized with the intent of improving morale and creating a sense of community and fellowship." Another intervention that helps with morale is managing expectations. "Through open and frequent communication, CCHQ and OSG have been doing a nice

see **RECRUITMENT** continued on page 22

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SURGEON GENERAL from page 1

CAPT DeBarros seized this opportunity by proposing several strong recommendations regarding deployments. His recommendations included being more intentional when selecting officers for deployments. Possibly choosing to deploy personnel with region-specific intel in an effort to be more tuned-in to cultural sensitivities of the underserved communities in their time of need. For example, deploying officers of Cape Verdean descent when servicing that population. CAPT Harris spoke about the need for improved communication between Commissioned Corps Headquarters (CCHQ) and field officers when deployment selections are being determined, to prevent facilities from suffering staffing shortages. As IHSC Behavioral Health Unit Chief, CAPT Harris communicates frequently with the facilities in her region, and she has a good pulse on staffing conditions at those facilities. She would be the ideal point of contact in her region for CCHQ when deployment determinations for behavioral health providers are being considered. With her level of intel, she can suggest facilities with adequate staffing to deploy officers when needed, rather than CCHQ identifying these officers themselves based on on-call deployment rosters and pulling personnel from facilities where staffing continues to be an area of concern. This would also allow IHSC to meet its own needs, while simultaneously meeting CCHQ needs for deployments. CDR Rabe commented about the importance of needs assessments being distributed to field officers throughout the year to better identify gaps and areas of concern to officers. He proposed a

quarterly questionnaire for distribution and intentionality with creating an action plan to address all gaps and/or needs reported to CCHQ. As an engineer, LCDR Tidwell expressed his observations regarding deployments and how most deployments within the last few years seem to have been clinically based deployments. He went on to ask if the service had been trying to refocus on clinical-role deployments versus applied public health-role deployments like those that are needed in disaster response. He mentioned that he has not seen or heard of any applied public health or disaster response engineering calls for deployment since 2017 for Hurricane Maria. CDR Duvivier spoke from the perspective of a clinical pharmacist. She expressed gratitude for the emphasis on keeping officers in clinical positions (i.e. incentive pay, requiring clinical hours). She also shared some concerns relative to clinical hours equating to competency. There was opportunity for each officer to speak freely about all areas of concern.

On a more personal note, VADM Murthy was extremely attentive and open-minded. His hands-on and down-to-earth approach made conversation flow more easily. He engaged openly with each officer and was actively taking notes to ensure that he captured all questions and concerns. Each officer was able to walk away from the conversation feeling confident they were heard and understood. VADM Murthy is extremely motivated and dedicated to enhancing the officer experience in the Corps. This conversation was not only meaningful, but necessary. It is my hope that more officers around the country will also have the opportunity for facetime and dialogue with VADM Murthy.



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2022 Health Services Professional Advisory Committee (HSPAC) Category Day Recap

by CDR Neelam Ghiya, MPH and CDR Margaret Caulk, MPH, MS, COR-II

The 2022 HSPAC Category Day was held in person, for the first time since 2019, on Wednesday May 25th. Health Services Officers (HSOs) heard presentations from HSPAC leadership (Chief Professional Officer (CPO) and current HSPAC Chair) and members of the Senior Officer Consortium (SOC). In addition to updates on the Corps and the category, participants listened to a panel of officers discuss health services leadership experiences while deployed and agency responses taking place in a range of geographic locations. Approximately 137 HSOs participated in category day, which nearly filled the largest conference room at the symposium. Thank you to the HSPAC Events Subcommittee, category day team, and presenters who helped plan and execute a successful event.

The opening ceremony included the Orb Procession and reaffirmation of the oath of office. The 2022 HSPAC Chair, LCDR Elizabeth Goodger, welcomed officers to category day and provided high level updates on current and upcoming PAC and PAG activities including the mentoring program overhaul, engaging with Call to Active Duty (CAD) Officers, webinar outreach, cross-PAC collaboration, and voting member selections. LCDR Goodger encouraged ongoing communication for officers to provide feedback and shared the plan for future townhalls. Next, the CPO, CAPT Diedre Presley, provided opening remarks and highlighted category strengths, challenges, next steps, and resiliency. She conveyed how she continues to be proud of all the hard work and dedication of HSOs.

The SOC introduced its newly appointed and seasoned members and provided overviews of each facet of the SOC (membership, officer development, CAD engagement, etc.). Concluding the morning session were presentations by a panel of junior and senior officers. The deployment stories leadership panel shared valuable lessons learned and key take-home messages as it related to deployments. Beginning the afternoon sessions, the category day awards presentation highlighted the accomplishments of 24 HSOs. Congratulations to all the well-deserving 2022 PAC and PAG award recipients! Highlighting the importance of movement,



Photo by CDR Nicole Bell: Health Service Orb

fitness and creativity, officers then led the afternoon's wellness break. HSOs got up and moved while having some fun, to emphasize the importance of pausing to take time out for yourself.

The round table session of 12 individual topics occurred after the wellness break and showcased novel projects of HSO leaders, mental health and resiliency strategies, and how to promote strategies in self and others.

The "get involved" sessions included PHS, HSPAC, and PAG information on Corps Cares, Advanced Readiness Program (ARP), Push Up Challenge, Peer to Peer Mentoring Program, Mock Interviews, The Society of Federal Health Professionals/ Association of Military Surgeons of the United States (AMSUS), Prevention through Active Community Engagement (PACE) and the Ebola response book "Service Before Self," which speaks to the tremendous service HSOs provided a part of the 2014-2016 Ebola crisis response. Although officers were unable to circulate and gather information from the display tables, materials can be available upon request and will be highlighted at upcoming meetings (including the 2023 HSPAC Category Day). The day concluded with the CPO providing final comments followed by Orb retreat to close out the day.

The HSPAC Event Subcommittee looks forward to seeing everyone at the 2023 Category Day in Tulsa, Oklahoma.

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NYMC's SHSP Emergency Management Advanced Certificate prepares you for technical assistance and educational activities related to emergency preparedness for urgent situations caused by natural disasters and acts of terrorism. When there is a significant focus on public health emergencies such as COVID-19 and Monkeypox, it is essential to remember that emergencies still occur worldwide such as mass shootings and other events where people have been injured or killed. Everyone should be prepared to aid at a moment's notice until emergency responders arrive. Recently, Mr. Contreras has been teaching the Stop The Bleed course, a national campaign sponsored by the White House, throughout the tri-state area. The training focuses on what a person can do to prevent excessive bleeding from any time of injury, which can result from a motor vehicle collision or intentional/accidental injury. As of May 2022, there are more than 100,000 certified instructors and more than 2.1 million people trained.

The Emergency Management Advanced Certificate trains members from different sectors, including public safety, health care and education, and the general public. By training first responders and focusing on vulnerable populations, including children, the disabled, and the elderly, this program fulfills a unique role by serving as a multi-disciplinary academic resource on various emergency preparedness issues. The Emergency Management Advanced Certificate is up to the challenge of teaching life-saving skills and offers hands-on training to anyone interested in being better prepared.

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IRT Tropic Care 2022 - A Behavioral Health Perspective

by LT Christine Nappa, LCSW, BCD and LTJG Emily Ziniel, PMHNP-BC

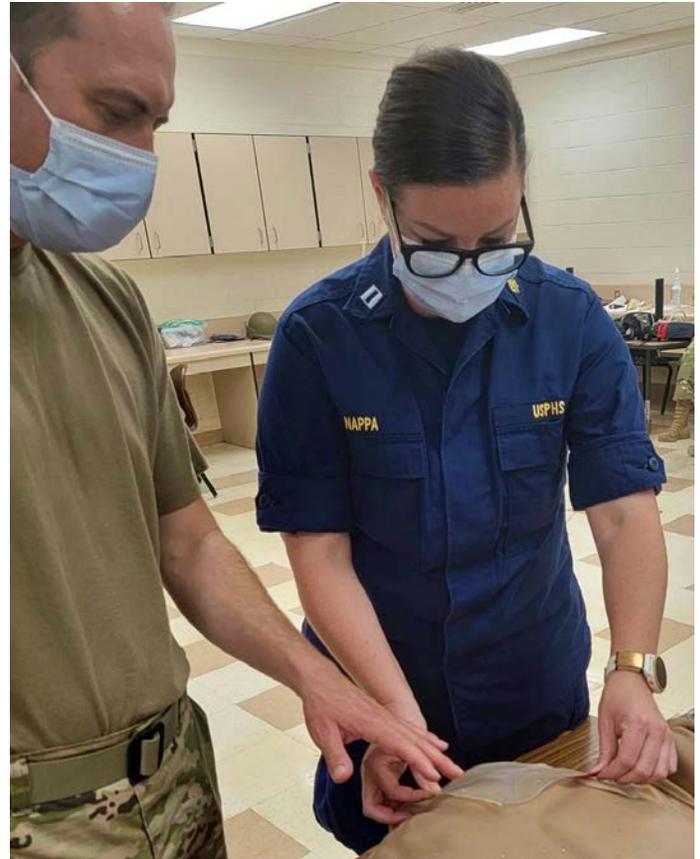
Behavioral health (BH) is a vital aspect of health and wellness, especially important when communities experience a disaster. Behavioral health mobilizes people towards resilience, optimizing outcomes post-disaster for communities and responders alike. The public health of the nation requires BH assets to perform dual roles in both force health protection and community behavioral health. This article seeks to share our experience as BH experts during Innovative Readiness Training (IRT) Tropic Care 2022. Through sharing our experience, we hope you find information you can use to improve the ability of the Public Health Service (PHS) to meet the BH needs of our members and the communities we serve.

IRT is an Office of the Secretary for Defense (OSD) sponsored multi-service, interagency mission with three guiding principles: training, leadership, and fostering a multi-service joint task force. IRT presents an opportunity for junior officers and junior enlisted to take on leadership roles in a positive, safe, and supportive learning environment. IRT Tropic Care 2022 took place in June on Hawaii's island of Kauai. Treatment and training opportunities were conducted at three fixed sites and one mobile medical unit. Service members had the chance to participate in trainings such as Tactical Combat Casualty Care (TCCC), Tactical Evacuation Care (TACEVAC), Blast Injury, Combatives, and Land Navigation, as well as on-site relevant clinical trainings provided by service members for service members. Treatment offered to the Kauai community included no-cost dental, medical, optometry, and BH care.

LT Christine Nappa and LTJG Emily Ziniel represented PHS as BH assets during Tropic Care. LT Nappa is active duty and a Licensed Clinical Social Worker (LCSW) with the Public Health Emergency Response Strike Team (PHERST) based out of Commissioned Corps Headquarters (CCHQ) in Rockville, MD. LTJG Ziniel is a member of the Ready Reserve as a Psychiatric Mental Health Nurse Practitioner (PMHNP), and her civilian job is with Children's Hospital Colorado in the Pediatric Mental Health Institute. Three priorities were identified upon arrival; establish patient flow, define available services, and establish contingency plans in coordination with other medical services. As junior officers, the opportunity to apply our knowledge and skills to establish a large-scale, functioning, BH clinic to the local population as well as towards force health protection was remarkable.

The BH team at Tropic Care faced numerous challenges in our mission to deliver care to the community. The team was small and had a variety of skills, from entry level to experienced providers, making unification of services across sites challenging. Having skill sets that include brief intervention and crisis response across all BH assets is a potential area of growth for future missions. Behavioral health was embedded into the leadership structure of the medical team, however required an informal lead to facilitate information sharing across the BH team.

Patient flow was a challenge. We identified a process of offering BH services to patients during their initial triage using three standardized questions. We then augmented this screening by coordinating with the medical team a brief screening using the validated Patient Health Questionnaire-2 (PHQ-2) to further identify individuals who may benefit



LT Christine Nappa learns how to place a chest seal in Tactical Combat Casualty Care (TCCC) Level 2 training.

from BH services during their visit. A brief and targeted screening allowed us to pair the needs of the patients with the skills available at the site. Coordinating with the triage team and medical providers required BH staff to train service members. We conducted trainings onsite available to all service members focused on psychoeducation, depression and suicide screening, and abuse screening.

A final challenge was service delivery in a rural location. This challenge was greatly offset during a pre-deployment brief with a former IRT provider sharing past experience, expanding our conceptualization of the mission. Behavioral health resources including patient handouts and worksheets are key strategies to augment brief behavioral interventions. Access to printing was limited, and we recommend considering behavioral health resources in equipment preparation requests prior to deployment. A significant aspect of disaster BH includes coordinating with community partners. The ability to rapidly identify and coordinate with community partners is essential, as it can have a positive impact on outcomes post-disaster.

The challenges encountered during IRT Tropic Care 2022 helped identify and develop high yield skills, such as patient flow and screening, brief behavioral interventions, broad force training priorities, force health protection, and collaboration with community partners. Our hope is that through sharing our team's experience establishing and delivering over \$25,000 in behavioral health care during Tropic Care, we can expand our collective knowledge on disaster behavioral health across PHS.

Veterinary Officers Conduct Community Collaboration at the USPHS Training Symposium

by CDR Wanda Wilson-Egbe, DVM, MPH, Dipl. ACVPM and LCDR Carla Chase, CCC-SLP.D.

Each year, during the USPHS Training Symposium, veterinary officers conduct off-site visits with public health stakeholders to build partnerships, educate organizations about the USPHS Commissioned Corps and identify opportunities to advance national public health initiatives. This year, five veterinary officers - CAPT Tom Thomas, the Veterinary Category Chief Professional Officer (National Institutes of Health - NIH), CAPT Brian Buss (Centers of Disease Control and Prevention - CDC), CDR Wanda Wilson Egbe (Administration for Strategic Preparedness and Response - ASPR), LT Michele Brown (US Department of Agriculture - USDA), and LT Allison Siu (CDC) - connected with two public health organizations to discuss issues of public health importance.

The veterinary team first visited the Arizona Department of Health Services (ADHS) Vector Borne Disease and Zoonotic Office to gain insight into the states West Nile Virus (WNV) prevention and control program aimed to reduce the impact of disease across the state. WNV is the most common mosquito borne disease in AZ affecting more than 200 people annually. Twenty percent of these cases experience neuroinvasive disease, including meningitis and encephalitis. Most cases occur between May and October, coinciding with peak mosquito activity. There is no human vaccine for West Nile Virus, and there are no specific treatments; therefore, the state has develop an extensive mosquito avoidance education program to reduce transmission which they shared with the team and can be found on the ADHS - Protection from Mosquitoes - Home (azdhs.gov) page.

The team then visited the Arizona State Health Department (ASHD), to engage in a three-hour tabletop exercise based on an



USPHS Veterinary Officers meet with employees of the Arizona State Health Department (ASHD) off-site during the 56th Annual Scientific and Training Symposium.

actual zoonotic disease outbreak in the state. A zoonotic disease is an infectious disease transmitted from animals to humans. The team worked with state officials to identify the organism and modes of transmission, review investigative processes, and identify additional mitigation and preparedness needs.

Each USPHS Annual Training Symposium provides a unique opportunity for officers to extend their knowledge and influence public health organizations across the country. The Veterinary Category routinely invests time and shares knowledge with public health communities to gain understanding and advance critical One Health programs that protect humans, animals, and the environment.

DEPLOYMENT from page 12 to ensure it was safe for children to have outdoor time, noise surveys, qualitative fit testing for staff & officers, food safety audits, ensured cleanliness & hygiene in dorms and ensured toilets and A/Cs were functioning. To avoid toilets being blocked and potentially creating a public health concern, she developed a pictograph to help girls understand proper disposal of feminine hygiene products. During daily walk-throughs of the dorms, LCDR Elassar developed trusting relationships

with staff and children where most felt comfortable sharing concerns with her.

Even deploying in one's typical role required a great deal of flexibility and adaptability, as experienced by LCDR Jennifer Iverson and LCDR James Ireland. Although they deployed as pharmacists, their contribution to the deployment was a pharmacy oversight role, since their deployment site had a pharmacy operated by contract pharmacists. In their deployment role, they ensured the pharmacy was operating in accordance

with federal rules and regulations. They also provided oversight of critical vaccine inventory, which fluctuated greatly due to the large number of arrivals and reunifications of unaccompanied children with their family members.

Although the mission was extremely challenging, it proved to be very rewarding and memorable for these officers. PHS officers that deployed in support of UOA served honorably as they protected, promoted, and advanced the health and safety of the nation.

Spiritual Wellness

by LCDR Katrina Redman, MT, SPOC, M.Div., Chaplain (BGCT)

“Et tu, Brute?”

Have you ever heard this phrase? It is Latin for “Even you, Brutus?” It is from the Shakespearean play, Julius Caesar. In the play Caesar’s friend, Brutus, is among the assassins that kill Caesar. Caesar is shocked to find that his friend is hurting him. This is betrayal at it’s worst! I recently did some research into this topic, and I got some clarity on it.

Most of us have experienced a betrayal in our lives. Maybe it came from a friend, a family member, a co-worker, a leader, or even a religious organization or their representatives. It is one of the most heartbreaking experiences that we can have. Betrayal occurs when there is an intentional or unintentional violation of an expected behavior or norm associated with trust. The key word here is “expected”. You see, betrayal is most often, but not always, subjective; meaning it has to do with our own perceptions. That’s why it is so painful. The unexpected pain from a source that we trust, makes us feel taken advantage of, like a right has been taken from us, or relationships or things have failed to meet our expectations. The emotions that accompany and linger in betrayal can include anger, grief, or sorrow. Sometimes it can be all of them at once and they don’t go away easily.

How do we recover from such a personal hurt, and why should we want to? No, it’s not okay to just fester. Caldwell, et al. found that “among the most self-destructive of human behaviors... those who fester in the resentment and hurt of perceived betrayal do damage to themselves and to those around them.” The goal is to restore cooperative and collaborative attitudes. In order to do that, the trustor must willingly let go of justified anger or hurt by the trustee. In other words, take the high ground and stay there! It does require making a continuous conscious effort over time because it is easy to have that hurt sneak back in and make us fester all over again.

From a faith perspective, our ability to let go and accept a perceived hurt acknowledges that God’s understanding is greater than our limited perceptions. This acceptance strengthens our own spiritual identities which then allows us to relate better with those around us. As PHS officers, we must do everything that we can to exemplify total wellness. Training ourselves to let go of hurt has got to be one of the most difficult things to do, but when we do it, we can secure peace with God and our fellow man. May we all find the courage.



Education: Navratri

A Hindu celebration of nine nights focusing on the relationship of human beings to the earth, moon, and sun, and the feminine aspects of the divine. Celebrations vary but can include fasting, dancing, and feasting.

Spiritual Exercises

1. Search Pardon Day: <https://www.holidayscalendar.com/event/pardon-day/>
2. Article: <https://www.semanticscholar.org/paper/Trust%2C-Faith%2C-and-Betrayal%3A-Insights-from-for-the-Caldwell-Davis/ebbd575c2c35956f2dc36537d8fc49e742646f60>.

Questions? Comments? Contact me at khredman@hotmail.com.

Greater Los Angeles COA Volunteers in Long Beach

by LT Alberto Pina (Greater Los Angeles COA Branch Treasurer 2021/2022)

CDR Michelle Sandoval Rosario (Greater Los Angeles COA Branch President 2021/2022),

CDR Andy Felix (Greater Los Angeles COA Branch income president 2022/2023),

On Sunday June 26, 2022, the Greater Los Angeles COA Branch gave back to the community by volunteering at the Long Beach Rescue Mission, supporting meal preparation and meal distribution for residents at the rescue mission and surrounding communities. Since 1972, the Long Beach Rescue Mission has opened its doors to provide services to thousands of men, women, and children. The Mission provides food, clothing, shelter, and spiritual guidance to the homeless and underserved communities across the Long Beach area.

Ten Officers from the Greater Los Angeles COA Branch volunteered to ensure every person receiving a meal was met with kindness and respect. Due to the time, efforts, and the commitment of these



Top from left to right: LCDR Nancy Bogdanovic, CDR Andy Felix (Vice President), CDR Huu Nguyen, CDR Yolanda Mitchell-Lee, LCDR Erik Sandvig, LTJG Alyssa Juguilon, CDR Kari Harris, LT Alberto Pina (Treasurer), Bottom from right to left: LCDR Sydney Tran, LT Jaime Williams

volunteers, the Long Beach Rescue Mission was able to provide over 130 meals.

A very special THANK YOU to the officers who gave their time on a Sunday to support the community and for

representing Commissioned Corps of the U.S. Public Health Service. After more than two-and-half years, the Greater Los Angeles COA Branch is excited to be back in the community, serving those in most need, while building commodity among fellow officers.

LOAN FORGIVENESS from page 3

those payments made prior to consolidation. It also now counts late payments and payments made that were not in the correct repayment plan. I applied for the temporary PSLF in May by turning in the needed paperwork to FedLoan Servicing, including proof of employment history and they uploaded my PSLF application results by the end of June into my account. At first it looked like they were only adding 3 months of qualifying payments to my total count. However, by the first of August, it was updated again. I have now gone from zero payments counted to over 100 counted. I have since told multiple friends and who are working in a public service job about these changes so they can also take advantage. In almost every case, it is beneficial to some degree – whether they consolidated along the way or had to make a partial or late payment that now counts. The temporary expanded policy also counts the current months that the government has put borrowers into a forbearance, since March of 2020.

A few things I found along the way: it is a slow process and you should not panic if it does not update as expected at first. The process they use counts forward (from application to present) first and then counts backwards. FedLoan Servicing is now a subsidiary of Mohela. Trying to reach them on the phone right now is nearly impossible without a

long wait. I was also told Monday and Tuesdays are the busiest and worst times to call them (unless you like holding on the phone). Even if you think you might not benefit, you might. They are now discussing further changes that might go into effect by July of 2023. Also, think of those you know that are not officers or do not work directly with you – teachers, police officers, etc. - as they most likely would qualify as well if they have remaining education debt.

Remember, this is a temporary change, and in order to qualify for the expanded policy, you have to apply by October 31, 2022. The sooner the better as it is a long process. If you want to look the policy changes further, there are many sources including studentaid.gov, the Mohela website, the Unofficial Commissioned Corps Facebook page, by talking to a co-worker or by reaching out to one of us that has gone through the process.

I love what I do and the patients that I get to work with and help every day. I would choose my career again regardless of any of the loan repayment benefits but this has really been a relief and a huge help towards my educational loans and I am happy that I took the time to fill out the necessary paperwork.

Making Progress for State Benefits for USPHS Officers

by Dave Corrigan, COA Deputy Director

For years, COA has advocated for USPHS officers and members of COA at the federal level to ensure you receive the benefits you have earned as a member of one of the eight uniformed services. Just as importantly, a few years ago, the legislative affairs committee began the arduous task of advocating for benefits for USPHS officers at the state (and territory) level. This effort has been three-fold: determine which states provide veteran status to USPHS veterans; provide a guide to assist COA members to advocate to their state legislatures; and develop a state tax guide for retirees.

First, COA staff and the legislative affairs committee embarked on a task of determining which states provide veteran status to USPHS officers. COA has reached out to the director of each state's department of veterans affairs. It has taken longer than expected, but we have made tremendous progress. As of this article, 26 states and territories recognize, and 15 states don't recognize, USPHS officers as veterans. COA is waiting on a number of states to get back to us or are working to change their policies. To illustrate this, COA has provided a map on the COA website, under the advocacy tab, that shows which states do or don't provide veteran status to USPHS veterans.

Although 15 states have decided USPHS officers do not have veteran status in their state, many are willing to work with COA in order to change their laws. Fortunately, Georgia and New Hampshire delegate certain changes in policy to the director of their department of veterans affairs. After COA's executive director educated them on PHS, they were able to change the state policy to allow PHS officers to receive the benefits the other services' veterans receive.

In an effort to connect with, and advocate to certain states, I recently attended the annual conference for the National Association of State Directors of Veterans Affairs (NASDVA). I made an effort to speak privately with the various states that COA had not heard back from. I was also able to provide a presentation to the conference on COA and USPHS. I received a lot of good feedback and commitments from states to work with COA to ensure USPHS officers receive veterans status in their states. For most states, change in policy requires legislation change. That is where you, as COA members, can help.

SPOTLIGHT from page 5

through community COVID vaccine events for PIMC. She stated it was a lot of work, but extremely rewarding. LCDR Petrusis said their events were able to serve as a model site for other locations and data management. She emphasized that while people were still enduring some of the hardest parts of the pandemic, it was truly inspiring to see so many hardworking officers come together to serve the mission of IHS and PHS. According to LCDR Petrusis, the two drive-through community COVID vaccine events would lead to many more outdoor vaccination events held at PIMC during the 2021 spring season, allowing for the immunization of over 27,000 people.

LCDR Fields departing thoughts are that deployments have been a great opportunity to serve the nation and network with other officers across many disciplines and many agencies. She stated that this

COA's second effort was to create a guide for its members to advocate for USPHS officers to their state legislatures. An effort by CAPT Alan Echt (ret), Mary Aruda, and the legislative affairs committee, the COA State Advocacy Guide can now be found on the COA website under the advocacy tab. This guide provides an overview of how individuals can reach out and advocate to their state and territory legislatures. There is information on how to write letters to, call, meet with, and testify in front of your state's legislators. In recent years, there are two very successful stories of retired officers advocating to states for a change in law.

In Ohio, CAPT Alan Echt (ret), with guidance from national COA, advocated for his state to change their armed forces retirement pay tax exemption to include PHS and NOAA. After multiple years of the bill passing the house but not the senate, the bill sponsor was able to get it passed in the state's budget bill. The effort started when one retired officer met with his state representative, whom he knew from their church.

In North Carolina, a retired Colonel from the Army Nurse Corps, Jeri Graham, who is a MOAA board member, ran a virtual advocacy bootcamp for interested PHS officers in North Carolina, educating them on how the legislature works, who to contact, and how to meet with members of the NC legislature. North Carolina now recognizes USPHS officers as veterans. As you can see, the process is long, but can be very successful.

The third recent effort by COA is to provide a guide to state taxes as it relates to retirement. The lead on this effort, CAPT Alan Echt (ret), began this laborious task a couple years ago. This guide outlines which states provide which tax incentives to USPHS retirees. CAPT Echt provides more detail on this guide in his article in August's edition of *Frontline*. This guide is also available on the COA website.

It is the hope of the COA staff and legislative affairs committee that you find these guides and efforts useful. It is important to note that these guides will be updated annually to reflect any changes to state laws and regulations. If you would like additional information, please reach out to me at dcorrigan@coausphs.org.

mission was unique because the deployment team was boots-on-the-ground within the first quarter of the authorization of emergency use for the COVID vaccine, but officers were not necessarily qualified to meet the Tier criteria for being vaccinated ourselves. It required sacrifice and true commitment to science and public health. LCDR Petrusis expressed how she knows this is just one of many successful tales of PHS officers' united accomplishments during the pandemic. She expressed gratitude for each officer that has paved the way and is happy to serve alongside all officers.

These two exceptional officers are a great example of the amazing work done daily by PHS and show just how essential and impactful PHS deployments are for our populations served.

EXECUTIVE DIRECTOR from page 1

Murthy, and former Surgeons General VADM Jerome Adams and VADM Richard Carmona having already been interviewed, this film is at risk of not receiving the reach, or distribution needed, to properly tell the story of the amazing accomplishments by USPHS Commissioned Corps officers over the past 200+ years. Distribution of a film on a national level takes resources, and while the support for this project has been overwhelming, less than 3% of Commissioned Officers Association (COA) members have donated.

Why is it important to produce and widely distribute this documentary?

The title, “The Invisible Corps,” says it all. While everyone is familiar with the six United States Armed Forces, many people in the United States are unaware you exist. The USPHS Commissioned Corps is the only uniformed service in the world dedicated to public health – and serves as the unique public health force of our federal government. We need to get the word out! You have responded successfully to every public health crisis when called upon by the nation, including some of the most visible in history such as Ebola and COVID-19. You have deployed to terrorist attacks, natural disasters, humanitarian assistance events, epidemics, pandemics, and other public health crises. Yet, you continue to lack visibility for your work on the front lines. Changing administrations and lack of understanding of this unique uniformed service by elected leaders and decision makers are continual threats to the mission of your Corps.

On August 28th, the Editorial Board of the Washington Post published an opinion piece titled [“The coming storm: The United States is not ready for a future pandemic.”](#) If you have not read this article, I suggest you do. The authors state that while we have learned many lessons from the pandemic, preparation for the next one is “almost completely absent.” They call for a “sustained, wide-ranging transformation of how the United States handles public health,” and highlight several recent reports, including President Biden’s National COVID-19 Preparedness Plan, the Rockefeller Foundation’s Pandemic Prevention Institute, and the Commonwealth Fund’s recent report calling for the creation of a national public health system. But we already have one! While the opinion piece emphasizes that government funding for public health

RECRUITMENT from page 13

job of communicating more frequently, especially the messages over the past year in terms of managing expectations related to promotions. While the news on promotions was not great this go-round, officers seemed much more at peace with the current trends because they knew what to expect,” shared Rychnovsky.

When a service goes through a period of significant change, and morale declines, it can make retention and recruitment difficult for both the service and service organizations.

When asked what challenges COA is facing, Rychnovsky replied, “From the perspective of membership, they want to feel appreciated for the work that they do. They enjoy their friendships and the collegiality of collaborating with other officers. They value work-life balance, a positive relationship with a supervisor they respect, fair pay for the work that they do (including specialty pay, hazard pay, etc. as appropriate), the ability to learn and grow in their positions (to include the opportunity to receive leadership training), and the great feeling that comes from

making a difference and contributing to the improvement of public health and the health of our nation. From the perspective of COA, I would say balancing the ‘needs of USPHS’ with the needs of the officer.” In terms of what is effective in retention and recruitment Rychnovsky shared, “Trying to meet individuals where they are at, which speaks to work life balance. Some officers want to deploy or PCS to exciting and exotic locations. Others need to have stability as they grow and nurture their relationships, family, friendships, and community involvement.”

| PBS USPHS Documentary Fund Sponsorship Packages | \$1,000 to 4,999* | \$250 to \$999 | Under \$250 |
|---|-------------------|----------------|-------------|
| Recognition in COA Frontline at end of the special project fundraising campaign. | X | X | X |
| Project updates – included in e-mail updates from the documentary producer, Chris Schueler. | X | X | X |
| Gala Premier May 2023 - acknowledgement at event. | X | X | X |
| Challenge Coin – special design for this documentary; distribution time TBD. | X | X | - |
| PBS documentary - Name on group page, OPEN credits before the show title and END credits same position. Page position will be based on amount of sponsorship and first come first served if equal amounts. It will adhere to PBS standards for broadcast. | X | - | - |
| Curriculum/viewer guide - sponsor name will appear in curriculum guide END credits. | X | - | - |

*For other funding opportunities and underwriting packages, including in-kind contributions, please contact: Chris@ChristopherProductions.org

USPHS Documentary fund donation table. Donations over \$1,000 include your name on the opening and closing credits of the PBS film, along with your name in the curriculum guide end credits.

is insufficient, nowhere in this article is mention of the 6,000 active duty Commissioned Corps officers, and nearly 8,000 retired officers. The Corps you love, the USPHS Commissioned Corps, is not even a footnote.

How do we make the work that you do more noticeable to the public? One way is to promote your efforts through film and other forms of mass communication. This project includes more than just a 1-hour documentary for PBS stations and film festivals. It will also include a shortened version of the documentary (20 to 30 minutes), short specialty videos from the original documentary (1 to 3 minutes each), informational promos for partner websites, social media promotion, and historical archive materials to include full interviews for educational use.

You are a relevant and enduring force that will continue to adapt and evolve to meet the needs of our nation. But we must do something to make you more visible. If you have donated, thank you sincerely. If you have not yet done so, please consider a generous donation now to help fund the work of this project at <https://www.phscof.org/documentary/#donate>. Please also consider reaching out to a friend, colleague, or family member and ask them to donate. Our public health system benefits everyone. Remind them of this, and the sacrifice you make daily to your country.

PHS Commissioned Officers Foundation

Donations Received, August 1, 2022 to August 31, 2022

Gold (\$500)

CAPT Steve Morin
LCDR Robert Schafermeyer *

CDR Jessica Chiaruttini*
Combined Federal Campaign

Friends (Under \$100)

CAPT Jerry Lyle
CAPT Jerry Lyle*
CAPT Peter Putnam
LT Claire Tipton*
CAPT Mark Anderson
CAPT Luis Rodriguez*
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Mr. Brett Cosor
CAPT Raleigh Putnam*
LT Nora Lim*

Bronze (\$100)

CAPT Holly Willaims
CDR James Gooch*
CAPT Rebecca Reyes*
LCDR Sean Navin*

* PBS Documentary Donations
All other donations were made to the COF
General Fund

Commissioned Officers Association

Donations Received, August 1, 2022 to August 31, 2022

Bronze (\$100)

LCDR David Meehan
CAPT Pong Lem

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Dr. Manuel Feliberti
CAPT Ann Marie Mayer
CAPT Thomas Stokusky
Mrs. Patricia Rodak
CDR Maurna Complita
CAPT Brenda Murray
CAPT Betty Shuler

We Welcome New Members of COA, August 1 - August 31, 2022

| | | |
|-----------------------------------|--|-----------------------------------|
| LT Angela Addis <i>MO</i> | LTJG Joyelle Dancy <i>AZ</i> | LT Joshua Mjolsness <i>MN</i> |
| LT Modupe Adesola <i>OK</i> | LT Brandon Drazich <i>MN</i> | LCDR Michelle Morales <i>GA</i> |
| LCDR Julia Alvarez <i>CO</i> | LT Tyrico English <i>GA</i> | Dr. Richard Morgera <i>RI</i> |
| LTJG Lucia Amendano <i>NY</i> | LT Shara Francin | LT Manena Ng'ambi <i>MD</i> |
| LTJG Sarah Bajwa <i>DE</i> | LT Sean Franey <i>AK</i> | ENS Gbenga Ogbonmuwagun <i>CT</i> |
| LT Renu Bala <i>VA</i> | LT Sean Franey <i>AK</i> | LCDR Matthew Padgett <i>FL</i> |
| LTJG Nathan Barry <i>PA</i> | LT Teresa Galindo <i>TX</i> | LT Alexis Roberts <i>GA</i> |
| LCDR Michael Bartoszek <i>NC</i> | LT Octavia Graham <i>TN</i> | LCDR Adam Rowh <i>CO</i> |
| LCDR Corey Bayliss <i>NC</i> | LTJG Kevin Huang <i>NC</i> | LT. Victoria Sharp <i>NM</i> |
| LT Benjamin Boisclair <i>MA</i> | LT Matthew Ireland <i>SD</i> | ENS Layal Temsah <i>CA</i> |
| LT Emilie Bouda | LT Adrian Jones-Dove <i>TX</i> | LT Jaclyn Tran <i>AZ</i> |
| LTJG Darren Bradley <i>PA</i> | LTJG Edwin Lam <i>PA</i> | LTJG Gabriel Uribe <i>CA</i> |
| LTJG Jonathan Burg <i>NC</i> | LTJG James Lee <i>IL</i> | LT Yvonne Vughosi <i>SD</i> |
| LT Christopher Carreiro <i>MA</i> | LCDR Jennifer Malek <i>NM</i> | LT Abayomi Walker <i>MD</i> |
| LT David Chon <i>VA</i> | LTJG Marijulie Martinez Lozano <i>PR</i> | LT Andres Wong-Sam <i>GA</i> |
| LT Evan Cooper <i>GA</i> | | LT Gabriella Wuyke <i>FL</i> |

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