COA Frontline

Truman Foundation Skelton Award

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100 Years Later, USPHS Answered the Call Again

Officers took a bush plane to the villages. This bush plane can carry up to nine passengers per trip.

by LCDR Theresa Yu, RN, MSN, OCN® and LT Andrew Mattocks, BSN, RN, CCHP, NRP

Curtis Welch, the lone physician in Nome, a small gold mining town in remote western Alaska, was noticing an increase in illnesses resembling diphtheria in 1925. He attempted to have antitoxin shipped to the small hospital, but winter had set in and closed the port for the season. As the weeks marched on, cases continued, and deaths accumulated. it became apparent that a diphtheria epidemic was imminent throughout the region. A quarantine was implemented, and assistance was requested from the U.S. Public Health Service (USPHS).

Without access to the lifesaving antitoxin, the results would be devastating. USPHS was able to procure doses from hospitals along the west coast of the US, but getting them from Seattle to Alaska, which was experiencing blizzard conditions, remained a challenge. A hospital in Anchorage found 300,000 doses of the antitoxin - closer than Seattle, but no less a formidable trek.

On the recommendation during a board of health meeting, it was decided to enlist the help of two champion dogsled racing

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from the Executive Director

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

When I joined the U.S. Navy in 1990, retirement felt like a long way off. As a young mother with a family, I did not have a spare minute to think about retirement. But wise senior officers gave me two pieces of advice, the first being that retirement planning should begin on your first day of active-duty service, and the second was to attend the Transition Assistance Program (TAP) course when you are 5-10 years, 2 years, and 6 months away from your anticipated retirement date. “Take it three times!” they touted. “There is so much to learn!” Mind you, this was before the courses were available online, so attending took a bit of planning. Time does fly, and before I knew it, I had completed over 20 years of service. I attended the course in 2013 and again in 2017 before my official retirement. They were right, there is much to learn.

Fast forward to 2022 where you can find a great deal of information on transition and retirement online. Commissioned Corps

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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 about the Corps and COA

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 and spouses of COA members and high school students

The Ohio State University

In-state tuition for graduate nursing and certification programs

Legislative Update

Legislative Advocacy Goals for the Second Session of the 117th Congress

by CAPT Alan Echt, USPHS (Ret.), Legislative Affairs Committee Chair

Your Legislative Affairs Committee recently voted on goals to pursue in this Congressional Session. Those priorities are:

1. A permanent resolution to the dilemma that has occurred in the past two years because of the 60-day limit on leave carryover in 42 U.S.C. § 210–1.
2. Amending the definition of "covered member" in the Military Lending Act, 10 U.S.C. §987.
3. Amending the Family and Medical Leave Act, 29 U.S.C Chapter 28, to allow family members of USPHS officers to take leave under the act to care for active duty and veteran USPHS officers.
4. Seeking a legislative solution to ensure that USPHS officers are paid during government shutdowns.
5. Amending the Alexander Lofgren Veterans in Parks law to include the USPHS Commissioned Corps in the National Park Service's free pass program.
6. Finding a legislative fix to ensure parental leave parity with the Armed Forces.
7. Amending veterans' preference in federal hiring in 5 U.S.C. to include veterans of the USPHS.

Your inability to take annual leave because of the deployment tempo due the pandemic compelled COA to go to Congress two years in a row to ask for legislative language in each year's Continuing Resolution to ensure that you would not lose accrued annual leave in excess of 60 days. It is time for a permanent fix.

Members frequently contact COA to complain that they have been denied access to incentives aimed at the military, such as free deluxe credit cards and retail discounts, because the Military Lending Act database used by financial services companies does not include the USPHS. We hope to fix that oversight.

The Family and Medical Leave Act (FMLA) permits the spouse, son, daughter, parent, or next of kin of a covered servicemember to take servicemember family leave to care for the servicemember. We would like Congress to amend the definition of

see **LEGISLATIVE** *continued on page 22*

Digging Deeper: Understanding How Employers Protect Worker Safety, Health and Well-Being

by Anna Mayor, USF College of Public Health

The article originally appeared in the USF College of Public Health News on January 24, 2022. Reprinted with permission of USF.

Little is known about how employers implement guidelines that protect and promote the safety, health, and well-being of their workers, according to USF College of Public Health doctoral student Heidi Hudson.

Hudson, who is pursuing a Doctor of Public Health degree in advanced practice leadership in public health, is lead author on the study, "An Exploratory, Qualitative Study of How Organizations Implement the Hierarchy of Controls Applied to *Total Worker Health®*," published in the *International Journal of Environmental Research and Public Health*. The article is part of a special issue on Worker Safety, Health, and Well-being in the USA.

Hudson, who is a health scientist in the Division of Science Integration within the National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention (CDC), has been with NIOSH since 2004. She also became a Commissioned Officer of the U.S. Public Health Service in 2008.

The study provides insight into how the principles of the Hierarchy of Controls Applied to NIOSH Total Worker Health (TWH HoC) guidelines have been implemented among employers featured as 'Promising Practices for TWH.'

The TWH HoC emphasizes organizational-level interventions to protect workers' safety, health, and well-being, according to the CDC. Some examples include restricting tobacco use, providing healthier lunch options, reducing work-related stress, and offering healthy movement policies to reduce sitting for long periods.

Hudson, who focused on work-related issues of fatigue, stress, sedentary work, and tobacco control, identified how and what impacted the implementation of TWH HoC guidelines among organizations to address those work issues.

"The TWH HoC is a conceptual model designed to aid employers and other professionals interested in implementing workplace safety and health programs aligned with TWH approaches," Hudson said. "After reviewing articles that featured organizations applying TWH principles, we selected organizations to discuss how they implemented TWH approaches. Overall, we conducted seven in-depth organizational interviews with thirteen key informants."

"The finding that stood out the most to me was that employment organizations appear to be prevention-focused and seek to address working conditions that threaten the safety, health and well-being of their workforce," Hudson said.

CDR Heidi Hudson, MPH (Photo courtesy of Heidi Hudson)

Hudson found that an organization's culture and readiness for implementation had a significant impact on the implementation of approaches that protect worker safety, health, and well-being. Findings also indicated that the characteristics of the interventions, such as their advantages and adaptability, were important considerations for successful implementation within organizations.

Hudson said this study "addresses an important gap in the field of TWH by providing a preliminary and practical understanding into how early adopter organizations of various sizes and sectors have applied principles consistent with the TWH approach."

"I hope my research will inspire professionals in public health to better understand how work can positively and negatively influence health and well-being. Not just through using the workplace as a point to access people to educate, but to recognize that workers experience opportunities or improved health or reductions in health while they are working," Hudson said.

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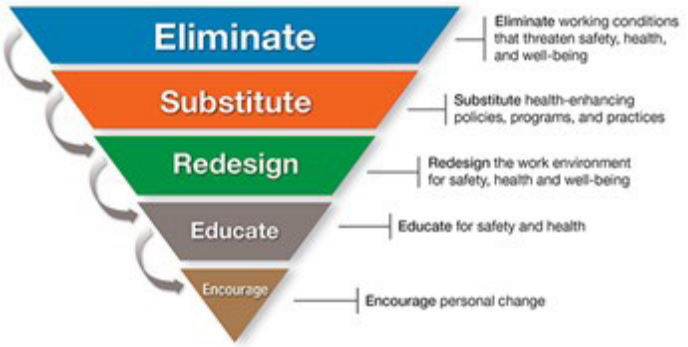

Hierarchy of Controls Applied to NIOSH Total Worker Health. (Source: NIOSH)

Centerpiece of a Redesigned Federal Health System

by RADM Steve Solomon, MD, FACP, FIDSA, USPHS (Ret.)

The public health system in the United States, especially at the Federal level, is going to be significantly restructured. How this restructuring will be designed and implemented is impossible to predict. A driving force for reorganizing public health will begin with draft legislation, now being written in the Senate.

This proposed legislation, titled Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act), calls for, among many other things in its 205 draft pages, a bipartisan Task Force, likely patterned after the 9/11 Commission, to "examine and assess" the U.S. response to COVID-19. Other sections address state and local readiness, improving emergency responses, public health data, revitalizing the workforce, and much more. The legislation addresses changes at both CDC and FDA. Co-sponsor Sen. Richard Burr, the ranking Republican on the Senate Health, Education, Labor and Pensions Committee, has said "[O]ne of the biggest challenges we face is addressing the systemic and cultural failures of the CDC under two Administrations."

The legislation is far-reaching and covers numerous areas of the Federal response. However, in none of the 52 sections covering those 205 pages is there any mention of the U.S. Assistant Secretary of Health, U.S. Surgeon General, U.S. Public Health Service, or the Commissioned Corps of the USPHS.

I find that worrisome. Some may argue that not being mentioned means that Congress is pleased with the performance of the Corps and its leaders. My concern is that there has always been and continues to be a profound lack of recognition, appreciation and even awareness of the Commissioned Corps within both the Executive and Legislative branches of government. This has been an ongoing problem since at least the Johnson and Nixon presidencies. Virtually the only component of the Executive Branch that routinely mentions the Corps is the Office of Management and Budget, which has tried to downsize or even eliminate the Corps from the President's budget in every administration over the past 50 years.

Over those decades, COA and the Corps' leaders, and a small number of allies in Congress have been able to preserve the Corps from extinction. However, any significant reorganization of the Federal public health system carries an implied threat to the Corps. We are proud of the Corps' history and never more so than in consideration of service during the COVID pandemic. But to ensure the future of the Corps, much less to advocate for its growth and greater independence, we need to be specific in showing the tremendous value the Corps will bring to a restructured public health system.

Among the critical problems that the Task Force investigating the Federal pandemic response will highlight are at least three for which a strengthened and larger USPHS Commissioned Corps will offer elegant solutions.

The first is the structural problem of what has been called a disjointed public health system. Problems with inter-agency collaboration, especially around policy-setting, decision-making and messaging, are a focus of many critics. A recent article in The Hill by authors from the Harvard T.H. Chan School of Public Health (https://thehill.com/opinion/healthcare/594959-our-public-health-system-needs-an-overhaul-congress-can-start-here) suggested the Federal public health structure be reorganized using an approach similar to that taken by Congress in the

see **PRESIDENT** *continued on page 18*

Retirement Tax Changes

CAPT Alan Echt, USPHS (Ret.)

March, when our thoughts turn to the spring…and we file income tax returns. Commissioned Corps retirees in some states can celebrate this year, while others should write their state legislators and ask, "Where's the love?" The key words are "armed forces" and "uniformed services." Here are the tax changes for retirement pay that I've heard about this year. I am not an attorney or an accountant. Consult with a tax professional.

Winners

Arizona: Arizona expanded a $3500 partial exemption of uniformed service retirement pay to a full exemption and made it retroactive, "…for taxable years beginning from and after December 31, 2020," You can read the bill here - https://www.azleg.gov/legtext/55leg/1R/bills/SB1828S.pdf. The relevant language is on page 79, lines 17-25.

Minnesota: As a result of a letter from COA and subsequent correspondence via email, the Minnesota Department of Revenue (MNDOR) determined that retired USPHS officers and their surviving spouses who participate in the Survivor Benefit Plan are eligible for the military retirement pay subtraction in MN Stat § 290.0132 (2020), Subd. 21. The MNDOR website was updated to reflect that change. A retired COA member in Minnesota contacted the MNDOR and subsequently wrote me that retirees there can amend past returns, if they qualify for the subtraction and are within the statute of limitations. This is one of those times to work with a tax professional.

Nebraska: Nebraska also expanded their partial exemption for retired members of the uniformed services. They made it a full exemption beginning in tax year 2022. See NE Stat §77-2716, paragraphs 15 (a) through (c).

Losers

New Mexico: As this article went to press, the New Mexico legislature passed HB 163, a bill that includes an armed forces retirement income tax deduction of $10,000 in the 2022 tax year, $20,000 in the 2023 tax year, and $30,000 starting with the 2024 tax year and ending after the 2026 tax year. The Governor is expected to sign the bill.

North Carolina: A new law provides a full deduction of armed forces retirement income. You can read the bill here - https://www.ncleg.gov/Sessions/2021/Bills/Senate/PDF/S105v7.pdf. The relevant text is on page 590, beginning at "Eliminate Tax on Military Pension Income." Previously, USPHS retirees in North Carolina could deduct their pension income if they had at least five years of creditable service before August 12, 1989 under what is known as the "Bailey Settlement" (see Directive PD-99-1, "Qualifying Federal Retirement Systems"). The fiscal note for S105 (https://www.ncleg.gov/Sessions/2021/FiscalNotes/Senate/PDF/SFN0105v4.pdf) states that, "Certain military retirement income is already exempt from State personal income tax under the 'Bailey Settlement.' The bill makes additional military retirement income exempt." I think this means that North Carolina created an age-based tax exemption, where older USPHS retirees can claim the exemption under Bailey, and younger retirees' pensions will be fully taxed. As I write this, I am waiting for a response from the NC Department of Revenue. Check with your preparer.

Utah: Gov. Spencer J. Cox signed Senate Bill 11 on March 11, 2021. The new law tax-exempts armed forces retirement income in Utah. You can read the bill here - https://le.utah.gov/~2021/bills/static/SB0011.html. The relevant text begins on line 127.

New Mexico, North Carolina, and Utah join Connecticut (see CT Gen Stat § 12-701 (2020)), Indiana (see IN Code § 6-3-2-4 (2020)), Iowa (see IA Code § 422.7 (2021)), Maine (see 36 ME Rev Stat § 5122 (2020)), Michigan (see MI Comp L § 206.30 (2020)), Missouri (see MO Rev Stat § 143.121 (2021)), New Jersey (see NJ Rev Stat § 54A:6-26 (2020)), and North Dakota (see 2021 North Dakota Century Code Title 57 Taxation Chapter 57-38 Income Tax) in exempting armed forces retirement income but taxing USPHS retirees. Some of those states allow deductions of other pension income, which may be subject to limitations. Check with your tax professional.

In the Works

States to watch in 2022 for military pension income tax legislation include California, Delaware, Kentucky, South Carolina, and Vermont. Remember, your legislators are elected to serve you. As I wrote this article, only five states fully tax military retirement income: California, Montana, Rhode Island, Vermont, and Virginia.

Board of Directors

Mentoring Our Newest Officers

by CDR Kristie Purdy, MS, RDN/LD, BC-ADM, CDCES

Chair-Elect, COA Board of Directors

Many of us are eager to put the pandemic behind us. Yet it's not time to let our guard down. While we may have very little discretionary time, it is as important as ever to mentor fellow officers.

The pandemic has left some feeling overwhelmed and frazzled. Others found a lack of focus or productivity due to the strain of being pulled in multiple directions, while some have found new priorities. Whatever the case may be, mentors provide a support system.

Please check in with your mentee and/or mentor more frequently during times such as this. Doing so can assist in setting goals, providing emotional support, and sorting out work-life issues.

Over the past two years, over 200 new officers have joined the COA family. As you may be aware, COA provides complimentary membership to newly commissioned officers in their first year of service. Over the past few years, many of the networking opportunities hosted by COA or the local branches have dramatically decreased because of social distancing guidelines or lack of time to plan for such an event.

I'd ask for each of our COA members to remember our newest officers. Think back to your first year in uniform. Do you recall how overwhelming it was? The new language and lingo used amongst officers, the alphabet soup of acronyms thrown around, the protocol, navigating your way through an unfamiliar Commissioned Corps Management Information System, a new health care system for you and your family, and learning how to balance your accountability to your assigned agency and responsibilities as an officer. Now, throw a pandemic in the mix. Can you imagine what the officers recently called to active duty must be going through?

Both junior and senior officers alike can offer mentorship to our newest officers. I'd ask for members of COA to educate them on the value of COA and the community of support this family provides.

While the pandemic has brought countless negatives and cancellation of many face-to-face encounters, COA has revealed a bright spot in our resilience and has remained committed to connecting our members with their peers. The pandemic nudged the association to develop our virtual COA Gathering series, allowing members to receive words of inspiration from senior and flag officers.

On March 13, COA will host yet another virtual social event geared toward our newly called to active duty and ready reserve officers who have joined COA in the past year. Our hope is to connect these officers with our COA family and provide a way to bond and share a moment of joy with one another. I'd ask for you to share this opportunity with a new officer and encourage them to join COA!

A Few Days Remain to Apply for the COA Board of Directors

This could be your year! Full and partial terms are open in the following categories: Field Representative, Pharmacist Officer, Ready Reserve Officer, Retired Officer, HSO Officer, and Veterinarian Officer. The Retired Officer members also serve as appointed Trustees of the PHS Commissioned Officers Foundation (COF) for the Advancement of Public Health.

The deadline is March 15, 2022.

Apply at www.surveymonkey.com/r/8HGPSYH

What's Happening in the World of TRICARE?

by CDR Billita Williams, MSN, RN, FNP-BC

2022 has brought constant changes, and guess what? TRICARE is not exempt.

TRICARE beneficiaries fall into one of two groups: Group A or Group B. What group you're in determines your enrollment fees or premiums and any other per service out-of-pocket costs that you may have with your TRICARE plan. See your group below:

- You're in Group A if your initial enlistment or appointment or that of your uniformed service sponsor began before January 1, 2018.
- You're in Group B if your initial enlistment or appointment or that of your uniformed service sponsor began on or after January 1, 2018.

Enrollment Fees

The good news is that active-duty service members and their family members have no enrollment fees.

Retirees, their family members, and most others must pay an annual enrollment fee for their coverage. While they weren't so lucky not to see any increases, their enrollment fees increased minimally. For example, the Group A retirees enrolled in TRICARE Select saw an $8.00 increase in the single coverage enrollment fee, and those enrolled in the family plan saw a $17.00 increase. Group A retirees enrolled in TRICARE Prime saw a $20 increase in the single coverage and a $41.00 increase in the family plan. Retirees in TRICARE Group B have incurred a more significant price hike.

Deductibles

Annual deductibles are often confusing. What does this mean as an individual or for my family, and how are these met. For 2022, If you have TRICARE Prime, there's no annual deductible. However, if you have TRICARE Select, you must spend your deductible before TRICARE cost-sharing begins. For Group A active-duty members and retirees, the rates remained the same; for Group B, there was a slight increase.

In the Calendar Year 2022, the Out-of-Pocket Cost for active-duty family members enrolled in TRICARE Prime did not increase. Active-duty family members enrolled in Tricare Select, retirees, their families, and others; however, there was an increase in some of the co-pays.

For more detailed coverage information, see https://newsroom.tricare.mil/Articles/Article/2835574/review-your-tricare-health-plan-costs-for-2022.

Pharmacy Coverage

Let's talk about the pharmacy changes next.

CVS Pharmacy joined the TRICARE retail pharmacy network starting December 15th, 2021. It is reported that CVS Pharmacies have nearly double the locations of pharmacies compared to Walmart and Sam's Club, which left the network along with some community pharmacies. For those officers who prefer to continue using Walmart and Sam's Club, one can pay for their prescriptions upfront and file a claim for partial reimbursement with Tricare to cover the cost of your medication after you've met your deductible at non-network pharmacies.

The pharmacy copayments increased on January 1. However, it's important to mention that the increase wasn't related to the pharmacy network changes. Congress set the TRICARE pharmacy copayments in 2018 to increase every two years up to the year 2027. So, the last change to your copayments was in 2020. The TRICARE Military Coalition has found it necessary to advocate that while it is understood that things can't stay stagnant, the increases should not surpass the COLA rates, so know someone is paying attention to even the subtle increases.

COVID-19

On to the horrible world of COVID-19, but I guess we must discuss what's happening before we all run out picking up at-home tests and prescriptions. While private health insurance companies were ordered to pay for eight (8) at-home COVID-19 tests per month for beneficiaries, TRICARE WILL NOT cover the cost unless a Tricare-authorized provider prescribes it.

Paxlovid and Molnupiravir are oral anti-viral used to treat mild-to-moderate COVID 19. Starting January 14, 2022, Tricare will cover these medications if you have tested positive for COVID-19 and are at high risk for progression to severe COVID-19 symptoms. However, it's important to remember that you must have an order from a Tricare-authorized provider.

Special Programs

We can't go without mentioning the special program that started January 1, 2022; the TRICARE Childbirth and Breastfeeding Support Demonstration (CBSD). The CBSD will run through December 31, 2026, and only TRICARE Prime and Select members are eligible. It covers the following support services:

- Certified non-medical labor doulas
- Certified lactation consultants
- Certified lactation counselors

Talk to your primary care provider or manager if you use a non-network provider to obtain a referral for Prime members.

And while these are just some of the changes on the TRICARE front, check out these websites for more information on other updates:

- https://www.tricare.mil/HealthWellness/HealthyLiving/Coronavirus
- https://newsroom.tricare.mil/Articles/Article/2835574/review-your-tricare-health-plan-costs-for-2022

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teams to run a round-trip 674-mile relay to Nome for the desperately needed medication. Today, the Iditarod Dog Sled Race follows the same route traveled and comes to a celebratory end in Nome.

Fast forward nearly 100 years to December 2021, a team of five USPHS Nurse officers was deployed to Nome to provide COVID-19 relief. Like the individuals involved in the serum shuttle, they were determined to put their stamp on the fight against a pandemic, despite numerous challenges.

Modern-day Nome is a town of approximately 3,700 citizens with no accessible roads to other major cities in Alaska. The average daily high in December is about 15.3°F with approximately four hours of daylight. The Norton Sound Health Corporation is an 18-bed critical access hospital located in town and is tasked with providing healthcare services to 15 surrounding remote villages, each ranging from 150-750 people, almost exclusively native Alaskans. Most of the natives of the region are part of Inupiaq, Central Yup'ik, St. Lawrence Yup'il, or Cup'ik cultural groups.

The villages are distinctly challenged with providing healthcare services due to their remoteness, unforgiving subarctic climate, austere weather conditions, and terrain that necessitates air travel as the sole means of access. As a result, access to healthcare is a major challenge for these villagers. Although each village does have a small clinic operated by unlicensed community health aides, they are limited to providing basic care, guided by oversight from physicians located in Nome via telephone or video conferencing.

Our team of officers confronted these challenges by volunteering to fly into the respective villages by rudimentary "bush planes" to provide pop-up COVID-19 vaccination clinics. The primary objective was to expand vaccine access to the newly granted Federal Drug Administration authorized age bracket of 5 to 11-year-old children.

Flights between Nome and the villages were limited due to the weather conditions in December. The bush planes cannot fly in poor weather, resulting in delays which oftentimes are counted in days, not hours! Officers packed toiletries and extra food when traveling to the village in preparation for flight cancellations in the event they would be unable to return to Nome on the same day. Communication was another hurdle since cellular reception is virtually non-existent in the villages. The first officer who went out in the field was assured that she would have transportation to and from the runway, however, as the crowd thinned, she quickly found herself alone in the elements with no cell signal to request help. A generous passerby on an ATV was kind enough to give her a ride into town to the clinic. During another trip to the village, vials of the vaccines did not make it onto the cargo bay of the

see **100 YEARS** *continued on page 9*

LT Andrew Mattocks in the village clinic in Teller, Alaska.

The 15 villages surrounding Nome, Alaska.

Village clinic in Koyuk, Alaska.

Interagency Leadership "Lite" Coming to USPHS Symposium

by Jacqueline Rychnovsky, PhD, CAE, Executive Director, COA/COF

Have you felt frustrated that you are unable to get a seat at the highly coveted, two-week long Interagency Institute for Federal Health Care Executives course? This course, offered semi- annually in the Washington, D.C. area for more than sixty years, is conducted under the sponsorship of the five federal health services, the Departments of the Army, Navy, Air Force, Veteran Affairs, and the Public Health Service. The Director is Dr. Richard F. Southby, Executive Dean and Distinguished Professor of Global Health and Emeritus at The George Washington University and Adjunct Professor of Preventive Medicine and Biometrics at the Uniformed Services University.

Twice annually, a total of 55 senior officers from all services are nominated by their sponsoring agencies because of their potential for senior leadership positions. The purpose of the Institute is to provide an opportunity for the seasoned, practicing federal health care executive to examine the current issues in health care policy and management and to explore their potential impact on the federal health care system. The design of the course assumes a high level of conceptual knowledge and operating ability on the part of the participants. Given the intelligence and sophistication of these selected executives, the faculty maximizes the learning experience by presenting new materials resulting from research and experience, as well as examples and case studies from the contemporary national health policy decision-making process. Faculty members also seek involvement and interaction by the

Interagency Institute for Federal Health Care Executives
U.S. Army • U.S. Navy • U.S. Air Force • U.S. Public Health Service • Veterans Affairs

participants to stimulate understanding and communication across traditional agency boundaries.

Because only several USPHS officers are afforded the opportunity to attend each year, COA has partnered with Dr. Southby to bring a "Interagency Lite" course to the 55th Annual USPHS Scientific & Training Symposium on Monday, May 23 as a pre-conference event. For only a $30 investment, which covers the cost of lunch, attendees will hear from stellar faculty to include Dr. Southby, RADM Boris Lushniak, USPHS Ret., RADM David Goldman, USPHS, Dr. Joseph Reum, and Lt Gen Jay Silveria, USAF Ret.

The aim of the workshop is to introduce alternative approaches to leader development for USPHS officers across all categories. The five faculty members come from a wide range of backgrounds, including the former Superintendent of the USAF Academy. The workshop will include presentations by the faculty followed by time for questions and discussions, and there will be two small group activities on assigned topics with reporting back to the full group at the conclusion of the workshop.

We hope you can take advantage of this wonderful opportunity to learn from these accomplished leaders. Please register at www.phscof.org/sympoisum.

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plane. Throughout their experiences, officers were met by many challenges and were forced to adapt and overcome, taking pointers from each other's trials and tribulations. During the two final trips to the village, LT Mattocks ensured the success of the mission by personally procuring and hand-carrying the vaccines and supplies to the village.

Three officers made five trips to the villages of Koyuk, Savoonga, and Teller. They vaccinated a total of 56 children. The effort provided protection to 62.7% of the villagers represented in that age bracket and provided a savings of approximately $59,360 ($530/person) in the form of spared airfare for the patient and guardian, not to mention the cost of COVID-19 illness.

Just as when USPHS responded to the diphtheria epidemic of the 1920s, we answered the call to serve the citizens of Nome during this pandemic. Many of us have deployed numerous times away from our families in the last few years, yet this deployment was especially memorable because of the long, harsh Alaskan winter during the holiday seasons. We proudly served and were grateful to have been able to provide COVID-19 relief and vaccinations in Nome, Alaska. Another page in the history books for the USPHS.

Nome is located approximately 540 air miles northwest of Anchorage. There are no roads connecting Nome to any major city in Alaska.

Member Spotlight

LT Nash Witten

by CDR Katie Jacques, PT, DPT, OCS, CAHA and
CDR Wanda Wilson-Egbe, DVM, MPH, Dipl. ACVPM

Established after The Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law on March 27, 2020, the Ready Reserve Corps provides trained and ready personnel to fill critical health needs. This group of officers support the USPHS Commissioned Corps' capacity to respond to regional, national, and global health emergencies and improve access to health services. In addition, they work with agencies to preserve clinical care positions by permitting Regular Corps professionals to deploy without jeopardizing normal services.

The first class of reserve officers was commissioned in July 2021. The Commissioned Officers Association (COA) had the opportunity to interview reservist LT Nash Witten, a medical officer in HHS Region 9.

LT Nash Witten completed his undergraduate, medical school, and residency training in Hawaii. He graduated with a Bachelor of Science in Biology, 2012, and with a Doctor of Medicine, 2017, from the University of Hawaii at Manoa. LT Witten also completed his internship and residency training at the University of Hawaii Family Medicine Residency Program in 2020. He had an interesting experience finishing residency training during the COVID-19 pandemic. As a result, he was pulled from direct patient care in March 2020 to only telehealth through the end of residency in June 2020. On July 1, 2021, when he started work at a Federally Qualified Health Center (FQHC), he began direct patient care in the outpatient setting.

COA: How did you hear about the USPHS Ready Reserve Corps?

LT Witten: When I was a first-year medical student, I had applied for and was selected for the National Health Services Corps Scholarship. I had to meet with Health Resources and Services Administration (HRSA) staff regularly to meet the scholarship standards, and through that process, I had heard about the Public Health Service. I became more familiar with the PHS while working under CDR Richard Brostrom as a fourth-year medical student, 2017, and resident physician, 2019, during the Tuberculosis and Hansen's disease screening projects in the Republic of the Marshall Islands. CDR Brostrom was the program director and shared his experiences working with Indian Health Service and the Centers for Disease Control and Prevention. He continues to serve as a mentor. While applying for the Regular Corps, I learned about the Ready Reserve, applied, and received word I was accepted in May. I commissioned in July.

COA: Tell us more about your background and what motivates you.

LT Witten: I was born and raised in Hawaii. My first mentor was a childhood family physician. Growing up in an underserved community, I've always been passionate about serving the underserved and the need to give back. I'm excited about the opportunity to help through my work at a FQHC and to support the bigger mission of the USPHS through the Ready Reserve.

LT Nash Witten

LT Witten is still learning his role within the Ready Reserve, as with new programs, the details are still being figured out. Currently, the Ready Reserve meets virtually for eight hours per weekend day, one weekend a month. However, he is eager to meet in person with other reservists in his region.

LT Witten is very active in his professional career serving as Vice-President/President-Elect to the Hawaii Academy of Family Physicians and as an Assistant Clinical Professor in the Department of Family Medicine and Community Health and Adjunct Assistant Professor in the Department of Native Hawaiian Health at the University of Hawaii John A. Burns School of Medicine. LT Witten also serves on the Board of Trustees of a local non-profit community association and as a member of his neighborhood board's Health and Emergency Preparedness Committee. He is passionate about policy and legislative affairs and stated, "On behalf of Ready Reserve, the new kids on the block, I am grateful for COA and their advocacy for parity with active-duty members and within our sister reserve services."

Member Spotlight

LCDR Trisha Chandler

by LCDR Carla Chase, CCC-SLP.D., CDR Katie Jacques, PT, DPT, OCS, CAHA, and CDR Wanda Wilson-Egbe, DVM, MPH, Dipl. ACVPM

LCDR Trisha Chandler

The COA member spotlight for this month is Lieutenant Commander Trisha Chandler, a Pharmacist and a Deputy Regional Commander in the Office of Reserve Affairs for HHS Regions 6, 8, and 9. She graduated with a doctorate in pharmacy from Midwestern University in 2005. During her pharmacy rotations, she volunteered in a medical outreach organization called DOCARE International. She traveled to villages in Guatemala providing medical services and implementing process improvements to address health disparities. LCDR Chandler also practiced in community pharmacy and academia for close to a decade. Her college friend and mentor informed her about the possibilities of a career to serve in the U.S. Public Health Service Commissioned Corps. With eight years under her belt, she regrets not commissioning sooner. LCDR Chandler continues to grow and is seeking a Master of Science in Emergency Management.

In her current role, LCDR Chandler's duties and responsibilities include providing administrative control and operational control over reservists within HHS Regions 6, 8, and 9, covering 15 U.S. States and several U.S. Territories. Standing up the Ready Reserve Corps (RRC) is an enormous task requiring integration and support from multiple agencies and stakeholders. The RRC provides an integral part of the USPHS Commissioned Corps' total force readiness numbers to operationally support the ongoing mission asset requests coming into Commissioned Corps Headquarters. Some of LCDR Chandler's specific tasks include onboarding processes, developing strategical training plans, developing policies specific to the RRC, administrative management, and recruitment. Once commissioned, reservists complete monthly "drill" weekend trainings and 15 days of annual training. The command team continues to strategically develop and lead trainings. LCDR Chandler's additional responsibilities within the RRC is ensuring reservists' readiness and deployment, career management, and engaging with local, state, and federal stakeholders to raise awareness and obtain support of the RRC.

As a member of the COA, LCDR Chandler recognizes and appreciates the accomplishments COA has made over the course of her career. She says, "COA has truly impacted and improved the public's knowledge of USPHS officers by raising awareness, writing policies, and advocacy to support Commissioned Corp officers across all categories." She points out, "Even with limited resources the COA continues to advocate and support Commissioned Corps officers," by lobbying for changes in legislation and increasing the likelihood of sustainability of these improvements. The COA has provided opportunities for reservists to become members and further engage by including a vote to update the by-laws to consist of a reservist as a voting member of the Board of Directors. Maintaining an active membership and volunteering on workgroups are some ways LCDR Chandler supports COA. She also educates and encourages other officers to become members and access the benefits. LCDR Chandler is grateful to the COA and its' members for the provisions they have provided thus far to the reservists. She says, "Thank you for welcoming, engaging, and supporting the Ready Reserve Corps. Socializing the USPHS Commissioned Corps Ready Reserve officers with the COA and its' members will continue to support and develop their career as a Commissioned Corps officer."

An Open Letter to the Officers of the United States Public Health Service Commissioned Corps

First, Congratulations! As you well know, officers in the Commissioned Corps now receive a DD 214 for their service for the country. Commissioned Corps officers provide, as uniformed officers, critical contributions to the health and welfare of this nation. The awarding of a DD 214 has been long overdue. It is a fitting and deserved recognition of your invaluable service.

Second, we wanted to update you on the litigation we have undertaken on your behalf on a pro bono basis in PHS COA v. Smithsonian. The Smithsonian National Museum of the American Indian is the site of the National Native American Veterans Memorial. Yet, this memorial wrongfully excludes Native PHS veterans. We have filed in Federal Court to demand that their service be properly respected, instead of erased. Yet, the Smithsonian has moved to dismiss, claiming that there is no proof that the erasure of PHS veterans has an impact on their status in society. We have opposed this motion and have illustrated to the Court the struggles you face before both governmental and private institutions that are caused by the denigration of your service.

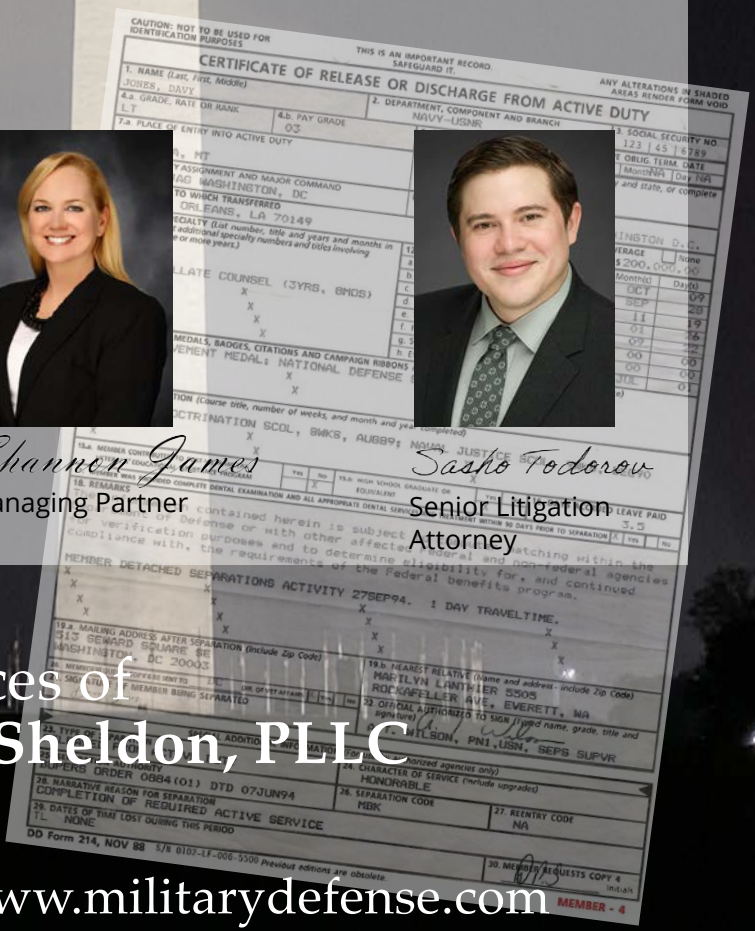
Finally, we wanted to assure each and every one of you that, regardless of the outcome, we will continue to fight on your behalf. If the end game in the litigation is unfavorable, we intend to lobby Congress on your behalf to ensure that Commissioned Corps Officers get the recognition they richly deserve.

Very Sincerely,

David Sheldon
Principal

Shannon James
Managing Partner

Sasho Todorov
Senior Litigation Attorney



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Officers Promote Uniformed Service at 2021 ASHA National Conference

by CAPT Michelle Baker-Bartlett, M.S., CCC-SLP, B.S.N., RN; CDR Erik M. Cala, M.A., CCC-SLP; CDR Cathleen Davies, M.S., CCC-SLP, CBIS; CDR Molly Rutledge, M.A., CCC-SLP, M.S., CNT, NHDP-BC; CDR Joann Sents, M.S., CCC-SLP; LCDR Carla Chase, CCC-SLP.D.; LCDR Courtney Wood, M.Ed., CCC-SLP; and LT Gernise Dixon, M.H.S., CCC-SLP

At the 2021 American Speech-Language and Hearing Association (ASHA) Convention, the U. S. Public Health Service (USPHS) Commissioned Corps Audiologists (AUDs) and Speech-Language Pathologists (SLPs) conducted a presentation providing an overview of service as AUDs and SLPs in uniform. The two hours of presentations were divided into two sessions: clinical and non-clinical (administrative) roles. A total of 214 attendees viewed the presentations, 146 for the clinical and 68 for the non-clinical.

The USPHS Commissioned Corps AUD and SLP officers discussed their respective roles and duties, providing a broad scope of opportunities that showcase their expansive skills and endorsed leadership. CDR Molly Rutledge (SLP) discussed her service as a pediatric SLP with the Indian Health Service (IHS) in Alaska. She shared details about the specialty services she provides in a Level II Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), Mother-Baby Unit (MBU), and Medical-Surgical Pediatric Unit. Additionally, she described her administrative role as the Chief Clinical Consultant for IHS, overseeing more than 100 active duty and civilian rehabilitation therapists.

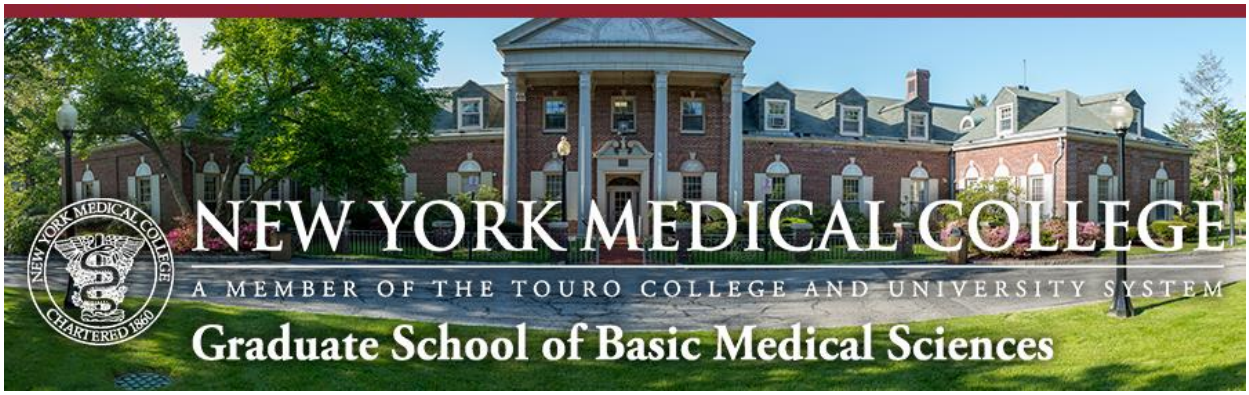
CDR Erik Cala (SLP) provided details regarding his clinical role with IHS. He serves a primarily adult population and addressed the speech-language services and management in an isolated/hardship assignment. In his discussion, CDR Cala focused on dysphagia evaluations and treatment by using the Clinical Swallow Study (CSS) at the bedside or the Modified Barium Swallow Study (MBSS) in fluoroscopy. CDR Cala informed the ASHA community that his responsibilities included proctoring and supervising SLPs for medical privileges and leading area-wide SLP general meetings. He reviewed his additional duties as a Commissioned Corps SLP during the COVID-19 IHS Emergency Response. As the on-site manager of an alternative care site and as a mass vaccination Deputy Task Force Leader, he demonstrated increased skills and leadership responsibilities as a Public Health Service officer.

CDR Joann Sents (SLP) highlighted details about her clinical duties at Naval Medical Center Portsmouth (NMCP). As an integral part of an interdisciplinary team, she provided a detailed presentation about the comprehensive care she delivers for the Naval Special Warfare community. With her team, CDR Sents shared insight into how she works on specialized management targeting the Special Operation Forces (SOF) community with the Warfighter Assessment, Rehabilitation, and Resiliency Program (WARR-p). CDR Sents detailed information to educate the attendees about how the WARR-p is a local “one-stop-shop” for the concussion evaluation and treatment program. CDR Sents included how the essential services at NMCP ensure that service members can receive the best multidisciplinary care. Public Health Service officers have the chance to support this critical mission without sacrificing programmatic sustainability and efficiency.

LCDR Courtney Wood (SLP) and LT Gernise Dixon (SLP) described their job duties and different experiences within the Department of Defense (DOD) at the Fort Carson and Camp Lejeune Intrepid Spirit Centers (ISCs). As officers in clinical billets, LCDR Wood and LT Dixon discussed their speech-language services for the active-duty population who have experienced a traumatic brain injury (TBI) in an outpatient setting. Additionally, LCDR Wood reviewed how she lent her expertise to the Evans Army Community Hospital for COVID-19 support and how she provided in-service educational presentations to hospital staff. At Camp Lejeune, LT Dixon shared her experience with mastering military knowledge through the United States Navy (USN’s) leadership courses and how she has gained a new skill set, Basic Auricular Acupuncture for pain management.

During the presentation, professionals and students also had opportunities to learn about non-clinical billets within the Commissioned Corps. CAPT David Byrnes (AUD), CAPT Michelle Baker-Bartlett (SLP), CAPT Dean Trombley (SLP), CDR Cathleen Davies (SLP), and LCDR Carla Chase (SLP), all provided details about non-clinical billets and opportunities serving in non-traditional roles (i.e., health care management, policy writing, research, and deployments). By providing information about opportunities for career diversity, these officers invited conversations about officership in health services, policy, research, and deployment as representatives of agencies within the Department of Health and Human Services and of agencies supported through a Memorandum of Understanding with the USPHS.

The 2021 American Speech-Language and Hearing Association (ASHA) Convention provided a unique opportunity for the Public Health Service AUD and SLP officers to collaborate and support recruiting efforts. With the intent to inform and inspire other AUDs and SLPs to consider careers with the Commissioned Corps, the contributing officers provided a national platform to educate a targeted audience about the clinical and non-clinical roles that the USPHS offers.



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Kindness Matters (the Rabbit Effect, Part 2)

by CAPT Julie A. Niven, LCSW, DCSW, MAC

In the November 2021 issue of Frontline, RADM Brandon Taylor introduced us to the phenomenon of "The Rabbit Effect." In summary, a scientific experiment inadvertently showed that a researcher's kindness towards the rabbits she was studying had a dramatic impact on the rabbit's physical health. The unintentional finding was replicated under strict conditions and the results were validated: kindness has a profound positive impact on the physical wellbeing of rabbits.[1] I love animals, so I was hooked by RADM Taylor's article from the start, but then I was hooked a second time because of my background in behavioral health. I've noticed over the years in my work as a clinician that kindness shown in session does appear to have a far-reaching impact. And now here was scientific evidence to reinforce this – again. Some of you are familiar with the work of psychologist Scott Miller. "Researchers repeatedly find that a positive alliance – an interpersonal partnership between the client and therapist to achieve the client's goals – is one of the best predictors of outcome."[2] In short, the strength of the relationship between the therapist and client had the greatest determination on whether therapy was successful or not. In one study, "60% of outcome was influenced by the therapeutic alliance, 30% due to "allegiance factors" and only 8% due to the model of therapy or technique that was used."[3]

I doubly enjoy an article that teaches as well as provokes additional questions. I wondered after reading RADM Taylor's article: what is the impact of kindness on the giver? To what degree does the giver of kindness benefit in the act of being kind? I found in several sources that the giver of kindness benefits from his or her kind act just as much as the recipient of the kind deed. One of the best websites I found about this is out of Dartmouth. The website stated that even witnesses to acts of kindness have increases of oxytocin (the love hormone) within their brains. And those who participate in acts of kindness have greater levels of oxytocin, higher levels of energy, more happiness and improved physical health.[4] Wow, what great news!

As professionals in the medical field, we default to kindness towards our patients and hopefully our coworkers as well. But can we increase the kindness we show others in our daily lives? Undoubtedly! Explore the random acts of kindness site referenced below along with Mayo Clinic's "Speaking of Health" website using the keywords "happiness, gratitude, kindness," etc. to find

inspiration of how to start today being more kind to others, the earth and yourself! Kindness matters and being kind is an absolute win-win!

1 Harding, K. (2020). The rabbit effect: Live longer, happier, and healthier with the groundbreaking science of kindness Miami: Altria Books.

2 Duncan, B. (2013, Summer 4) The heart and soul of change: Getting better at what we do. The Iowa Psychologist, p. 4. Retrieved from Academia.edu.

3 Duncan, B. (2013, Summer 4) The heart and soul of change: Getting better at what we do. The Iowa Psychologist, p. 4. Retrieved from Academia.edu.

4 Random Acts of Kindness Foundation (1995-2022) Kindness Health Facts. Retrieved from https://www.dartmouth.edu/wellness/emotional/rakhealthfacts.pdf

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LCDR Ginny Barton Bowen Receives Skelton Award

by CDR Alexander Varga, PharmD, BCPS, NCPS

The Harry S. Truman Scholarship Foundation is the living memorial to our nation's thirty-third president and the presidential monument to public service. Established by Congress in 1975, the Truman Foundation is an independent federal agency within the White House complex. Each year, they honor Truman Scholars who have distinguished themselves in public service careers with Public Service Awards. This year, LCDR Ginny Bowen, USPHS, was awarded the Ike Skelton Award. Inaugurated in 2015 in honor of Congressman Ike Skelton, the Skelton Award is given to a Truman Scholar making significant contributions in public service and is a current or former member of our uniformed services.

Lieutenant Commander Virginia (Ginny) Barton Bowen, is an active-duty scientist officer in the U.S. Public Health Service (USPHS) Commissioned Corps. She was commissioned in 2013 through the Centers for Disease Control and Prevention's "shoe leather epidemiology" training program — the Epidemic Intelligence Service. After completing her fellowship, LCDR Bowen remained at CDC as a communicable disease epidemiologist and subject matter expert in the Division of STD Prevention. During her eight years at CDC, she helped develop programs to rapidly detect and respond to antibiotic resistant gonorrhea and championed congenital syphilis prevention efforts throughout the nation. Her passion for preventing perinatal syphilis infections led to publications in *Pediatrics* and the *New England Journal of Medicine*, as well as interviews with *The Los Angeles Times*, *Washington Post*, *ProPublica*, and NPR. In 2021, LCDR Bowen transitioned to a new position as the lead for communicable disease surveillance and response in the Office of Refugee Resettlement's program for Unaccompanied Children.

Over her nine-year career in the USPHS, LCDR Bowen has deployed for a variety of domestic and international public health emergencies, including communicable disease outbreaks and humanitarian disasters. She analyzed daily case and fatality reports from Liberia in the early days of the West African Ebola outbreak to guide CDC's field response and led a domestic team representing five agencies to respond to a multi-state outbreak of syphilis in the U.S. Midwest. In February 2020, LCDR Bowen was deployed to receive and process some of the first case reports of COVID-19 in the United States — a role which quickly expanded from managing a spreadsheet of 14 names and stories to analyzing and describing thousands of daily cases to provide situational awareness to the White House. During 2020 and 2021, she spent over 200 days on deployment to mitigate the spread of COVID-19 among vulnerable populations, including among unaccompanied children at the U.S.-Mexico border and among Afghan refugees arriving as part of Operation Allies Welcome.

LCDR Ginny Barton Bowen

For her efforts, the Truman Foundation bestowed upon her the 2022 Skelton Award for public service. Congratulations LCDR Bowen!

COA Donations

Commissioned Officers Association of the USPHS Donations Received, January 1 - Febraury 28, 2022

CAPT Eugenia Adams

CDR Catherine Beer shared with CAPT Diedre Presley in memory of CAPT Winston Dean

EXECUTIVE DIRECTOR from page 1
Headquarters (CCHQ) has a web-based *Separations Seminar* course online, a collaboration between the Separations Team and the Commissioned Officer Training Academy (COTA). This course was designed to educate officers on the retirement process as well as the benefits and entitlements available to retirees. The CCHQ Separations Team recommends that all officers take the seminar as early as their 14th year of active service and no later than their 18th year. It is also important to review the seminar every two years. This ensures that your knowledge concerning retirement policies and procedures is current.

Commissioned Corps Officers should also be able to access the TAP classes online or in person. While these courses are not specifically tailored to USPHS officers, you can still learn a great deal by attending. The courses are also open to spouses and caregivers. The TAP courses provide information, tools, and training to ensure service members, their spouses and/or caregivers are prepared for the next step in civilian life. The curriculum is designed to provide service members with the resources, tools, services, and skill-building training. Check it out at www.tapevents.mil.

I think we can all agree that while these resources are helpful, there is no substitute for in person learning designed specifically for USPHS officers. While COA historically sponsors an in-person Retirement Seminar at our annual meeting, the 2020 and 2021 seminars were canceled do to COVID. We quickly pivoted and were able to offer four virtual events to cover the important content. These videos can be viewed by COA members on demand at https://coausphs.org/page/2021RetirementSeminar.

We are excited to bring back the in-person event in Phoenix as a pre-conference before the start of the 55th Annual USPHS Scientific & Training Seminar. Register for the mere cost of a hotel lunch ($30) and you will receive briefs from experts invited to speak on financial planning, long term care insurance, Survivor Benefit Plan, TRICARE, Thrift Savings Plan, Veterans Administration disability claim filing, and an expert from CCHQ who will brief you on the USPHS retirement process, separation forms, separation forms, retirement paly, and terminal leave. There event will conclude with a Q&A session.

The CCHQ Separations page reminds us that “Transitioning from Commissioned Corps life to civilian life is not always an easy task, but successful planning can be a big help. Commissioned Corps officers and their families need to plan their uniformed service retirement long before the application for retirement is submitted…. They should also attend an in-person Retirement Seminar or Transition Assistance Program.”

While we hope that each of you continues to serve, when time comes, we want you to be as prepared and informed as possible. If you are nearing your separation or retirement date and are attending our annual meeting, we hope you join us and CCHQ by attending the Retirement Seminar pre-con on May 23. To learn more visit www.phscof.org.

PRESIDENT from page 18
Goldwater-Nichols Department of Defense (DoD) Reorganization Act of 1986. That legislation was enacted over the objections of DoD officials because the “act’s supporters felt that U.S. military operations since World War II had suffered from conflict and inadequate coordination among the services. They believed that individual service programs and priorities, rather than the needs of actual joint military operations…dominated DoD.” The nature of that criticism should sound familiar to anyone who has followed Congressional and media commentary on the HHS pandemic response. The Corps is the only government entity with permanently assigned staff throughout all HHS components as well as in other cabinet departments with an impact on public health. Thus, the Corps is an already existing network to promote interagency communication, coordination, and collaboration.

The second critical problem is the need for augmented response capacity for not only public health emergencies, but for the many chronic and endemic health problems that afflict Americans. While the Corps has responded superbly to natural disasters and health crises, the Corps’ contribution is largely unknown and unrecognized. But the need for a large, rapidly deployable force of health professionals to augment state and local public health capacity as well as clinical resources will only grow over time due to many factors, including: an aging population; an increasing likelihood of emerging infections; and the obligation to directly address social determinants of health and inequities in the provision of health services and interventions for health promotion and disease prevention.

The third and perhaps most serious problem is the loss of trust in public health and the politicization of public health that has grown throughout the pandemic, and today seems to loom larger than ever. Government institutions have seen waning trust among the public for many years. Although public faith in the military has also been impacted by this overall trend, it remains higher than that for any other Federal activity (69% positive in a Gallup poll, 74% by Pew Research). Americans of differing backgrounds and political beliefs still respect and honor U.S. uniformed servicemembers. Rebuilding trust in public health will be a long, arduous, and slow process. But it will be aided to a great degree by highlighting the work of active-duty officers of the USPHS and making the Commissioned Corps the centerpiece of that effort.

Spiritual Wellness

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

I Do Solemnly Swear…

…that I am up to no good! That's a Harry Potter reference to the Marauder's Map. Seriously though, I think that it is time that we talk about an uncomfortable topic that we all struggle with, confession. That's right, I said it, we ALL struggle with this. Maybe understanding what it is and the purpose of it can ease our struggles with this spiritual exercise.

Confession is a spiritual discipline, or exercise. Just like any other exercise, it must be stretched and used regularly in order to make us healthier spiritually. Confession is utilized in many belief systems. Most people relate confession only to the Roman Catholic church. However, confession is also practiced and emphasized in the Eastern Orthodox church, Judaism, Islam, Buddhism and other belief systems. Confession can be defined as the public or spoken acknowledgement or either personal or collective guilt in order to receive divine forgiveness. Confession is also defined as a statement of religious doctrine such as a confession of faith or a statement of one's principles such as a statement of love.

The benefit of confession is that it releases individuals from the oppressive power of secrets, failures, and weaknesses, and it defines the way that we live our lives by giving us principles to follow. Is it easy? No, but, for many of us, our spiritual wellness depends on practicing things that are difficult and confession is one of those practices. Is it difficult to maintain a practice that others don't think is necessary? Yes, and you grow spiritually when you meet that challenge.

So what does this mean to us as PHS officers? It means that when you do this in your spiritual walk, your growth will be evident in your professional presentation as an officer. Because when you practice this difficult and deeply personal task, daily professional confessions will not seem as challenging. If you can confess to a higher power, it makes it that much easier to confess to any other authority that you operate under.

May we all practice our spiritual confessions for spiritual growth and professional growth as well.

Education: Eastern Orthodox Church

This is the common name for the Orthodox Catholic Church. It is based out of Istanbul and consists of approximately 200 million members primarily from Europe, Greece, and Caucasus. The church split with the Roman Catholic Church in the Great Schism in 1054 A.D. over theological and political differences.

Spiritual Exercises

1. Learn more about the Orthodox Church at https://www.dw.com/en/what-is-the-orthodox-church/a-45973747.
2. Read the book 7 Secrets of Confession by Vinny Flynn.
3. Start small. Spiritually confess to minor infractions and work your way toward the more difficult ones.
4. Learn about confession at https://www.newworldencyclopedia.org/p/index.php?title=Confession_of_Sins&oldid=1037290

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

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Junior Officer Spotlight

LT Alati Wasson, DPT, OCS, COMT

Physical Therapist with the Southcentral Foundation at Alaska Native Medical Center, Anchorage, AK

LT Alati Wasson, DPT, OCS, COMT

LT Alati Wasson is the Therapist representative for Southcentral Foundation (SCF) Employee Wellness Committee impacting about 2,600 employees. She created and distributed to all SCF employees two video recordings and two employee Job Aides for Wellness strategies. She also participated in completing the SCF Institute Aging Well Mobility Initiative as part of the for-Healthcare Improvement 4Ms (What Matters, Medication, Mentation, and Mobility) task force.

LT Wasson manages the staff education program for 11 physical therapists, two occupational therapists, four physical therapist assistants, and seven exercise physiologists. She coordinates monthly education huddles and emphasizes a transdisciplinary approach by encouraging team members to present on evidence-based materials from continuing education classes or journals.

In response to the COVID-19 pandemic, LT Wasson was one of two officers to volunteer at Alaska Native Tribal Health Consortium (ANTHC) Rehabilitation Services for inpatient therapies to aid in the influx of patients. She completed one week per month from January to March for a total of 120 hours. In addition, she was assigned to deploy in place to assist in the SCF Vaccination Clinic, serving for 70 hours beyond her normal duty hours.

Demonstrating her attention to detail, LT Wasson recognized a gap in a system-wide dry needling consent form and provided edits for a new one, which was adopted to improve education to patients.

LT Wasson also co-leads a referral review committee designed to reduce inappropriate PT referrals and ultimately increasing access to PT services.

SAFETY from page 3

"I believe holistic and integrated approaches that create safer and healthier work provide a tremendous opportunity to protect and promote the safety, health, and well-being of workers and their families, now and in the future," she said. "Altogether, this can have an impact on the well-being and productivity of the nation. This type of impact, however, depends on understanding the inherent value of information, provided at the right time and to the right audience, while assuring credibility and compelling delivery."

She plans to continue relevant research as part of her doctoral studies with insight from USF's Dr. Claudia Parvanta, her academic advisor.

"I am seeking to further investigate the strength of organizational factors that impact the implementation of integrated interventions that address the safety, health and well-being of workers and their families," she said.

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Illustrated to the left is an example of how an organization in the study encouraged physical activity during the workday to reduce work-related sedentary time. The organization built an indoor walking track around office spaces. (Photo courtesy of Heidi Hudson)

Left Behind on Parental Leave

by Nate Bronstein MPA, MSEd, MSSP; and Mike Clark, MPA

The best companies, organizations, and universities realize that the American workplace is in a state of crisis. According to McKinsey in their 2021 Women in the Workplace report, "more than one in four women in the United States are considering downshifting their careers or leaving the workforce entirely." The pandemic has exacerbated work-life imbalance for all primary caregivers. Burn out is at an all-time high. Primary caregivers have had to navigate more career-deflating, or even career-ending, hazards than ever before.

While one silver bullet solution doesn't exist, paid parental leave serves as a near obvious frontline defense from an equity, efficiency, and economic perspective. To attract and retain talent, the top companies and organizations all hold impressive parental leave policies in their toolbox.

Leadership realizes that paid parental leave significantly improves employee engagement and retention, while primary caregivers are most likely to experience the most extreme mental health challenges. They can cite the mounds of data and reports to back these statements. While there certainly is an equity issue at play here, leaders of these organizations also realize the economic impact of a strong parental leave policy. More and more primary caregivers are dropping out of the workforce during the pandemic, resulting in $64.5 billion a year in lost wages and economic activity.

In 2019, Just Capital highlighted 14 companies leading the way on paid parental leave for both mothers and fathers . Google offers 18 weeks. Twitter offers 20. Netflix? Unlimited paid parental leave for both mothers and fathers. This trend of increasing paid parental leave at the top companies, organizations, and universities has only increased since the onset of the pandemic.

Leadership in Congress also realizes this trend and its downstream benefits. Congress increased paid parental leave for the armed forces in the 2022 National Defense Authorization Act (NDAA) signed into law on December 27, 2021. Unfortunately, that increase did not extend to the USPHS. The FY22 NDAA provides a total of twelve weeks of paid parental leave during the one-year period after the birth or adoption of a child, or the placement of a child for long-term foster care.

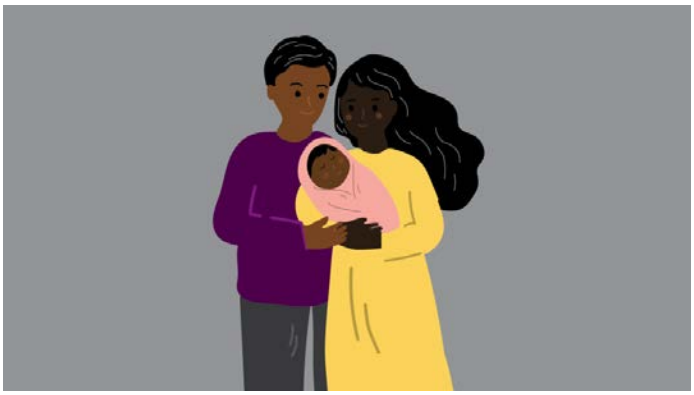

Photo credit: The Crimson White, The University of Alabama.

The passage of the 2022 NDAA sits at the sweet spot of good policymaking, balancing both equity and efficiency. Often, societal and economic benefits are at odds with each other and need to be balanced in the policymaking process. In the case of increasing paid parental leave for service members, these two often opposing forces perfectly align. Yet, USPHS was left out of this new policy. Chapter 40 of Title 10, relating to Armed Forces leave, does not apply to the USPHS.

COA is exploring every legislative avenue possible to bring USPHS in line with the parental leave policies of the Armed Forces, including meetings and written exchanges with the United States Senate Committee on Health, Education, Labor, and Pensions (HELP) as well as other lawmakers. Yet, there is also potential help much closer to home.

Leadership.

Because there is no statutory basis for USPHS parental leave, updating parental leave policies to align with the Armed Forces is a matter of policy discretion for CCHQ and the Surgeon General.

The benefits of this policy change cannot be understated, especially during this time of workplace crisis.

We request CCHQ and the Surgeon General to act swiftly on bringing our talented officers in line with their Armed Forces counterparts and to adopt a policy that aligns with the storied reputation of the USPHS.

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covered servicemember and make other changes to the FMLA to allow your family members to care for you in case you need it.

In the unfortunate event of a government shutdown, active duty USPHS officers have sometimes had to wait to be paid until the government resumes operations, creating a hardship for junior officers. We will work with lawmakers to look for a way to keep that from happening during future shutdowns.

The FY 22 National Defense Authorization Act expanded parental leave for members of the Armed Forces. In the past, COA has worked with CCHQ to ensure parental leave parity by amending USPHS regulations. That is a time-consuming process. We believe it may be faster to pursue a legislative solution.

Finally, veterans of the Armed Forces can claim preference in hiring when seeking post-service careers as civil servants with the federal government. We think it is time to include USPHS veterans in some of those sections of Title 5. However, note that the term preference eligible does not include a retired servicemember unless the individual is a disabled veteran, or the individual retired below the grade of O-4. COA is not seeking to change that provision.

PHS Commissioned Officers Foundation

Donations Received, January 1, 2022 to February 28, 2022

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^ C. Everett Koop Living Legacy Fund
* Mishoe Believe Scholarship
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We Welcome New Members of COA, January 1 - February 28, 2022

LTJG Brent Abel *Maryland*
LTJG Ashely Adams *Georgia*
LT Sophia Ajoku *Georgia*
LT Elizabeth Akoth *Maryland*
LT Mfonabasi Akpan *New Mexico*
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LTJG Christian Heiss *New Jersey*
LTJG Stephen Herring *Alabama*
LT Kharisma Huggins *Georgia*
LT Ebony Jackson Clark *Arizona*
LTJG Samuel James *District of Columbia*
LT Victoria Joseph *New Mexico*
LTJG Amy Kalsi *Maryland*
CDR Anna Khan *Georgia*
LT Michael Krage *North Carolina*
LT Melvina Lake *Arizona*
LT Justice Lambon *Arizona*
CAPT William Lehault *New York*
LT David Mackenzie-Liu *Arizona*
LT Ifeyinwa Maduka *Maryland*
LT Jessica Meeker *Georgia*
LCDR Daniel Miller *Arizona*
LT David Moore *Arizona*
LT Desiree Nez *Arizona*
LT Loan Nguyen *Texas*
LTJG Kelli Niemeier *Nebraska*
LTJG Chizoba Onwezi *Maryland*
LT Shamyria Ortiz *Georgia*
LTJG Steffan Pacheco *California*
LT Amie Park *Maryland*
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LT Jin Qin *Georgia*
LT Eric Ramirez Lopez *Iowa*
LT Jamla Rizek *Maryland*
LT Justin Rusch *Alaska*
CDR Joann Sents *Virginia*
LTJG Kolby Snipes *North Carolina*
LCDR Andrew Southard *Idaho*
LT April Tyson *Texas*
LT Katelyn Watts *Virginia*
Dr. Douglas Wheeler *Missouri*
LT Helen Young *California*
LT Maggie Ziols *California*

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