

National Veterans Day Observance at Arlington National Cemetery



RDML Randall Gardner, COF President and CDR Kristie Purdy, COA Chair with COA's wreath just before laying at the Tomb of the Unknown Soldier.

by Dave Corrigan, Deputy Director of COA

COA was once again present during the annual National Veterans Day Observance at Arlington National Cemetery on November 11, 2022. COA was represented by COA Chair CDR Kristie Purdy and COF President RDML Randy Gardner. USPHS was also represented in COA's box seats by Deputy Surgeon General RADM Denise Hinton and LCDR Shamika Brooks. Additional officers from District of Columbia COA and Montgomery County COA joined CDR Purdy and RDML Gardner.

The 69th Annual National Veterans Day Observance began with Vice President Kamala Harris laying a wreath at the Tomb of the Unknown Soldier. VP Harris

then joined the other special guests and dignitaries in the amphitheater. VP Harris was joined by Secretary of Defense Lloyd Austin and Secretary of Veterans Affairs Dennis McDonough. Each year, the Veterans Day National Committee (VDNC), of which COA is a member, plans the observance at Arlington National Cemetery with the Department of Veterans Affairs. It is a year-long project and one of the VDNC member associations hosts the event. This year, Vietnam Veterans of America (VVA) was the host organization and they were represented by VVA National President Jack McManus. During Jack's speech, he reminded us not only to remember those service members who gave their lives during service but also about our responsibility and commitment to serving and treating all veterans with dignity and respect. COA is scheduled to host the Veterans Day ceremony and reception in the year 2039.

Culminating the ceremony was a somber, individual wreath laying event by each member of VDNC. CDR Purdy and RDML Gardner laid a wreath from the Commissioned Officers Association. CDR Purdy later said "It was an honor and a privilege to represent the Commissioned Officers Association at the annual Veterans Day Ceremony. The rain did not keep people from attending the event and added a level of somberness. The gravity of sacrifice of those who are remembered at Arlington was palpable

from the
Executive
Director



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

GET INVOLVED!

By the time you read this, we will be almost half-way through winter. You will know the winner of Super Bowl LVII, and likely be eagerly awaiting the first sightings of spring flowers as the temperatures warm up. I am always happy to see the days get longer and watch nature come back to life. We will also be planning to see old friends, and make new ones, at the 56th annual USPHS Scientific & Training Symposium May 8-11, 2023 in Tulsa, Oklahoma.

At COA headquarters, we are busy preparing for the next application cycle of volunteer openings. Booker T. Washington said, "Those who are happiest are those who do the most for others." One feature that sets U.S. Public Health Service Commissioned Corps officers apart is your giving spirit. Whether volunteering for multiple deployments, contributing above and beyond what is expected in your "day" job, serving on a committee, or generously giving to the PHS Commissioned Officers Foundation, no one does it better. Have you thought how you might contribute to your uniformed service

see **EXECUTIVE DIRECTOR** on page 30

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

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Legislative Update Joint Operations to Parity

by LCDR Christopher Mendoza-Truong,
Pharm.D., USPHS

Chair, Legislative Affairs Committee

On February 23, 1942, President Franklin Roosevelt delivered one of his most celebrated “fireside chats.” The United States had suffered a series of military setbacks since Japanese carrier planes had launched a surprise attack on Pearl Harbor on December 7, 1941, but the president himself reminded the American people that George Washington and his compatriots had overcome “formidable odds and recurring defeats” on the road to securing the independence for the United States. Within a year of this fireside chat, the United States and its allies had indeed turned the war around in the Pacific and in other theaters as well, and it was due to how operationally the American forces executed joint military campaigns from the sea, ground, and air.

On December 29, 2022, President Biden signed into law H.R. 2617 which included \$1.7 trillion in FY 2023 for discretionary funding for all 12 annual spending bills, as well as several other healthcare provisions related to health care and pandemic preparedness. Along with this included a major win for the officers of the USPHS, a permanent fix to the leave extension. Headquarters may now authorize accumulated annual leave of not more than 120 days, compared to 60 days in the past. Although we celebrate one of the major priorities for FY 2022, we must move forward with our fight for parity.

2023 Advocacy Goals

The Legislative Affairs Committee has been hard at work in developing the advocacy priorities for 2023. The priorities for 2023 are:

- Advocate for improvements to TRICARE Dental and Pharmacy Issues
 - a. Service members across the other branches of the uniformed services have seen drastic changes to their dental and pharmacy benefits including changes in covered providers. Some officers have lost the ability to use their long-time pharmacy or dentist and are having trouble finding new or comparable care. COA will advocate to Defense Health Agency (DHA) to ensure any TRICARE covers care with as many providers as possible, especially in rural areas where USPHS officers have difficulty finding care under normal circumstances.
- DD214 for officers who retired or were discharged prior to October 2021
 - a. Officers who are discharged after October 1, 2021, will be issued the DD214 upon leaving service. This was a big win for COA and USPHS officers. We will continue to work towards providing the opportunity for officers who were retired or discharged before October 2021 to receive a DD214.



PHS Officers Volunteer with Access Housing, Inc. to Support Local Veterans

by LT Christine Nappa, LCSW, LCDR Jamillah Bynum, LCSW, and LT Nikia Jones-Shaw, MPH

The Black Commissioned Officers Advisory Group (BCOAG) of the U.S. Public Health Service (USPHS) and the Veterans and Military Outreach (VMO) subcommittees of the District of Columbia (D.C.) and Montgomery County (MoCo) branches of the Commissioned Officers Association (COA) recently partnered with D.C.'s Access Housing, Inc. (AHI) to support local veterans through participation in and charitable contributions to the 2022 D.C. Veterans Affairs Medical Center (VAMC) Winterhaven Stand Down and the 2022 Operation Turkey Dinner, both held in November. Their collaborative efforts at these events contributed to approximately 330 veterans receiving support.

The Winterhaven Stand Down is an annual free all-day event held at the D.C. VAMC campus for local veterans. During the 2022 event, over 70 participating federal, state, and community agencies offered services including employment and education support, haircuts, housing and housing counseling, boots/shoes and warm clothing distribution, financial counseling, transportation assistance, health screenings, psychosocial services, food, and more. 230 veterans attended this year's event. BCOAG and D.C. COA VMO partnered with AHI by participating in the new boots and shoes collection and distribution for homeless veterans. 159 pairs of boots were donated to the boot/shoe drive and seven USPHS officers volunteered to help with distribution.

LT Nikia Jones-Shaw volunteered at the stand down and describes her experience: "I was in awe of the amount of involvement from the community to support people who have served but are lacking the vital things needed to survive the cold weather. My dad is a veteran and served for over 25 years, which is why I am dedicated to assisting veterans with whatever is needed. Volunteering was a way that I could show my support."

Operation Turkey Dinner is a 100% volunteer effort facilitated by AHI's Southeast Veterans Service Center (SEVSC). The event provides a turkey and sides to formerly homeless veterans and their families who have faced adversity due to the impacts of homelessness, the pandemic, unemployment, financial hardship, and/or disability. Both D.C. COA and MoCo COA VMO subcommittees engaged in outreach, volunteer recruitment, and donation solicitation efforts for Operation Turkey Dinner. LCDRs Jamillah Bynum and Velisa Shivers served as lead and co-lead, respectively, for the COA branches' participation in the event. Their leadership and teamwork led to voluntary participation from 21 USPHS officers, with a total donation of 36 turkeys and assorted sides, some of which were purchased with nearly \$500 in cash donations.

LCDR Bynum shared her experience as lead of the 2022 Operation Turkey Dinner, "I truly enjoyed leading and participating in this event. Our veterans fought for our country and protected us from both foreign and domestic threats. They deserve our respect and



USPHS officers distributed turkeys and sides to veterans and their families at the Southeast Veterans Service Center in Washington, D.C. on November 21, 2022.

to be taken care of in their time of need. I feel honored to have led this initiative and served alongside my fellow USPHS officers. The collaboration of USPHS officers, friends, and family members made this event a success. I'm appreciative and looking forward to serving with them in this capacity in the future." Walter Elmore is the Community & Civic Engagement Coordinator for AHI; in his letter of appreciation to USPHS officers, he expressed gratitude that their volunteer participation and donations assured nearly 100 veterans and their families had a warm Thanksgiving dinner.

Access Housing, Inc.

Access Housing, Inc. (AHI) is a non-profit, community-based organization established in 1985 to provide housing, employment services, and skill development training to homeless veterans. It was the first program of its kind in the D.C. area. Today, AHI operates two facilities in Southeast D.C.: the SEVSC and the Chesapeake Veterans House. Notably in 2000, SEVSC became home to one of four D.C. VAMC Community Based Outpatient Clinics, enabling the Center to provide a full range of services to hundreds of veterans residing at AHI and throughout the community.

Veterans and Military Outreach Subcommittee

The VMO subcommittee provides volunteers, support, and service to the U.S. Department of Veterans Affairs (VA) and non-governmental military and veteran service organizations. The vision of the VMO subcommittee is to achieve a USPHS presence throughout the DMV area in support of veteran and military families. Events promote USPHS visibility, USPHS leadership capabilities, and collaboration with the VA and non-governmental organizations.

Officers interested in supporting DMV-area VMO events or establishing a VMO subcommittee within their local COA branch are encouraged to reach out to D.C. and MoCo COA VMO Chairs, CDR Stephanie Felder (stephanie.felder@hhs.gov) and LCDR Jamillah Bynum (jamillah.bynum@hhs.gov), respectively, for more information.



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Continue to Make a Positive Difference While on Deployment

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

Earlier this year, I deployed for the Family Testing Special Mission in Donna, TX to assist with swabbing non-citizens for COVID-19. It was great to have a change of pace and feel like I was an integral part of fulfilling the mission. Being away from home freed me to do things I normally don't have time for. I took the opportunity to breathe as well as look for ways I could continue to make a positive difference in the community I was visiting. Despite the frequent time crunches in our daily lives, there is nothing to stop us from proactively choosing to make a positive difference in our world, no matter how small and no matter where we are.

Here is a list of some of the things I did while deployed in Texas:

- Recycling – if your hotel doesn't have recycling bins, collect all your recyclables for a one time drop off at the closest city recycling center.
- Reduce the need to recycle by using your own washable plate and bowl, coffee cup, juice glass and silverware daily. Doing the numbers for the month I was deployed, I estimate that I saved at minimum 30 styrofoam plates, 30 styrofoam bowls, 30 plastic glasses, 60 paper cups and 60 plastic utensils from the landfill!
- Pick up trash when visiting parks and other attractions and even at the hotel. Easily accessible doggy waste bags work well for this or ask for a trash bag at the front desk. Strive to leave places better than you found them.
- Make a point to let the various hotel staff know they are seen. Be kind and you will notice the difference it makes in the eyes of those you acknowledge.
- Save and/or purchase food for "dumpster strays." There were a few cats that came and went daily from the dumpster area in the back of my hotel. I put out food for them during my stay and then before I checked out, I talked with one of the cooks and she agreed to continue to feed the stray cats.
- Use fewer towels and trash bags in the hotel room. I saved a minimum of 60 small trashcan bags and lots of water by reusing my towels! Sometimes you may have to "hide" your used towels from housekeeping as they tend to grab anything that's been used when cleaning the room. Be creative!
- Look for ways to improve the duty station where you are assigned. I created a laminated "IHSC" sign for the CONEX door and created an orientation/instruction sheet for future team leads.
- Give small gifts to your TDY duty station team members. Because I'm a behavioral health (BH) provider, I bought



The Rio Grande Food Bank where the CAPT Julie Niven spent time volunteering.

some decorative Kleenex boxes for the BH staff I worked with when I wasn't testing. I also bought and left a shawl at the facility for future TDYers as the medical department is chilly. Lastly, I left a thank you card for the department staff who helped orient me during my visit.

- Give a little of your extra time to others. I had a blast volunteering at a local food bank on one of my days off. It was fun to meet some locals and they expressed that they were glad to have the help for the day.

Of course, this list is not fully inclusive. What ideas might my suggestions bring up for you? As Public Health Service officers, we are naturally "can do/will do" people. We all have the opportunity each day to make a positive difference in our hometown. I encourage you to continue to make a positive difference while on deployment.

Strength In Numbers: COA's Advocacy Efforts With Coalition Support

by Dave Corrigan, COA Deputy Director

As promised in the last edition of Frontline, I will continue to update you on which efforts COA is working with other organizations and coalitions. As the 118th Congress works through the growing pains that each Congress faces in the beginning, we have been afforded some time to pause, take a step back, and rethink what efforts we will prioritize in the next two years. The Chair of the COA Legislative Affairs Committee, LCDR Chris Mendoza, covers those proposed priorities in his Legislative Affairs Column above on page 2. Once those are finalized and approved by the board, we must determine the best course of action to take in order to most effectively and efficiently ensure these efforts are implemented. Between the Legislative Affairs Committee, COA's lobbying firm, and this writer, we have a qualified, determined group to mine these problems.

Although we are the only organization to solely represent USPHS officers, COA is small compared to other military and veterans service organizations (MSO/VSO). For that reason, we team up with other MSO/VSOs to give additional strength to our fight. Additionally, COA has been working with specific U.S. Representatives and Senators for their support. Last year, Commissioned Corps Headquarters (CCHQ) implemented a fellowship program that allowed for three USPHS active-duty officers to serve as Congressional Fellows. COA has capitalized on this program to gain support from the Senators and Members who employ those fellows.

In 2022, Senator Tammy Duckworth's office was successful in obtaining additional rights for Ready Reserve officers by adding them to the Uniformed Services Employment and Reemployment Rights Act (USERRA) via the National Defense Authorization Act (NDAA). Additional efforts were unsuccessful due to their complexity. With that said, it is imperative that we continue the fight to expand parental leave benefits to USPHS officers that Department of Defense (DoD) members already have and achieve parity for our Ready Reserve force.

In the final weeks of the 117th Congress, COA had already begun its efforts to join others in the fight for USPHS for parity with the other uniformed services. COA has already been planning with the Reserve Organization of America (ROA), Military Officers Association of America (MOAA), Senator Duckworth's office, the House Health, Education, Labor, and Pensions (HELP) Committee, our Legislative Affairs Committee, and COA's lobbying consultant in order to best plan how to fight for our priorities.

Specifically, the coalition is very supportive of assisting COA with achieving parity for our Ready Reserve force. From codifying the structure of the Ready Reserve to providing the Ready Reserve with the VA GI Bill and Tricare benefits afforded to DoD reserve and National Guard components, COA will have the support it needs to have maximum impact on policy makers.

In addition to Ready Reserve efforts, the coalition support, whether an effort with individual MSO/VSOs or with the entirety of The Military Coalition (TMC), are supportive of other COA efforts and willing to see the fight through. Although other organizations represent different groups than COA, we have been overwhelmed with their willingness to support COA's parity efforts. Just like COA as an individual organization, TMC has outlined its legislative goals for the 118th Congress and included some of COA's efforts with the priorities of the other 34 members of TMC.

COA is confident we will be successful in our efforts to achieve parity with the other uniformed services and we have the support we need in order to be as impactful as possible. As we all know, changing policy and laws take time and we appreciate our members' patience as we navigate this new Congress.

As always, if you have any questions, please reach out to me at dcorrigan@coausphs.org.

SGLI Coverage Increasing to \$500,000

by Dave Corrigan, Deputy Director of COA

Planning for the future can be tough. We are busy at work and on deployments, daily and family life takes priority, and sometimes it's just difficult to think about what would happen if we are no longer here. No matter how busy life gets, we owe it to our families to ensure they are taken care of in the event of the unthinkable. Fortunately, service members have automatic life insurance coverage called Servicemembers Group Life Insurance (SGLI) to simplify this planning. SGLI coverage is provided to all service members regardless of medical history and without any medical exam or family history considerations – a convenient benefit not afforded to the general public. Currently, unless they opt out or elect reduced coverage, all service members are provided \$400,000 in life insurance coverage. Starting on March 1, 2023, this coverage will be automatically increased to \$500,000.

With the first increase in SGLI since 2005, Public Law 117-209 is meant to provide families with coverage that reflects the current cost of living. SGLI Traumatic Injury Prevention (TSGLI), Veterans Group Life Insurance (VGLI), and Family Servicemember Group Life Insurance (FSGLI) will not be affected by this change in SGLI.

SGLI coverage at the maximum amount of \$500,000 will be automatic and apply to all service members, regardless of whether they currently have full, reduced, or no SGLI coverage. For the majority of officers, this is a welcomed change to current benefits. For officers who still would like to opt out or reduce their coverage, action is needed. If you would like to opt out or reduce coverage, please log in to your milConnect account to change your coverage between March 1 and March 31, 2023.

As always, if you have any questions, please reach out to dcorrigan@coausphs.org.

Sleep and Stress Management for Better Health

by LCDR Narisa Tappitake, MOTR/L, CHT, CLC, Director of Rehabilitation Services at the Intrepid Spirit Center

First responders are by definition, always ready to support their communities. For some first responders, this means shift work. It may also mean they can't count on sleeping at night. Some shift workers might sleep in the daytime, others may have biphasic or triphasic sleep (sleeping 2 or 3 times in a 24 hour period). Sleep is essential for good health but can be hard to obtain with complex work schedules.

The Colorado Springs Fire Department hosted the first paramedic symposium since the beginning of the COVID-19 pandemic in August 2022. LCDR Narisa Tappitake was invited to present on stress and sleep. The symposium program occurred on three separate dates to accommodate over 150 paramedics on different shifts. The presentation included information on chronic stress and effects of stress on sleep. The presentation also covered ways to manage stress including creation of positive experiences and connection with people and purpose. The presentation offered ideas for sleep recovery for those with variable work schedules. Future projects may include collaboration with CSFD staff to create tip sheets and workshops for sleep recovery for shift workers.



LCDR Narisa Tappitake at the Colorado Springs Fire Department after teaching the stress management class.

COF Announces 2023 Scholarships and Fellowship Opportunities

by Lynn Abrahamson, MPH, RN, COF Grants Manager

The PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) is pleased to announce the following funding opportunities for 2023:

Family Member Scholarships –

Application Period from March 13 to May 5, 2023.

Scholarships are given to high school, undergraduate, and graduate students who are sponsored by a COA member. They are funded by active-duty and retired current members, local COA branches, and others. Applicants are scored based on career aspirations, extracurricular school and community activities, honors/awards, and academic performance. For more information: <https://www.phscof.org/scholarships/family-member-scholarships/>

RADM Jerrold M. Michael Fellowship –

Application Period from March 20 to May 15, 2023.

The COF established this fellowship in 2009 to honor the late RADM Michael. He was an engineer officer who had a lifelong passion for improved public health education. This award provides continuing education for junior officers serving in the USPHS Commissioned Corps. The program is currently limited to three certificate programs offered by the University of Maryland School of Public Health. All courses are held virtually and no "on campus"

attendance is required. See <https://www.phscof.org/scholarships/radm-michael-fellowship/> for more information.

RDML Helena O. Mishoe Scholarship –

Application Period from March 27 to May 19, 2023.

Established in 2020 by RDML Mishoe, this scholarship program fosters the career dreams of high school seniors from underrepresented populations. Candidates for the scholarship are assessed on strength of character, a commitment to community service, and leadership potential who are interested in the health sciences or a health-related field. Visit <https://www.phscof.org/scholarships/mishoe-believe-scholarship/> for more details.

The Foundation relies of a team of COA members to evaluate submissions for the various awards. Each volunteer officer is assigned to score 5-10 applications, using the evaluation criteria to rate each submission and provide comments. Depending on the award type, the time commitment varies, but is not usually more than 10 hours. Reviews are typically done during the month following the award cycle. The number of reviewers needed for each program is dependent on the number of submissions.

If you are interested in volunteering to serve as a reviewer, please send an email with "Award Reviewer" in the subject line by February 28 to Lynn Abrahamson, Grants Manager at labrahamson@coausphs.org.



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CDR C.

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Army Ten-Miler Calls One and All to Participate!

by LCDR Matthew Lindsley, LCDR Theresa Yu, and LT Leigh-Ellyn Preston

The Army Ten-Miler (ATM) first debuted in 1985 and takes place each October in Washington, D.C. The race starts and finishes at the Pentagon. Participants run alongside U.S. service members, military veterans, and their families through iconic scenes of Washington D.C.'s historic landmarks. At present, more than 443,000 runners including active duty and retired military, wounded warriors, and wheelchair athletes have taken part in the race. The ATM exemplifies the Spirit of Sport and the Spirit of a Nation.

This year the ATM returned to an in-person race on October 9, 2022, with an incredible turn out! U.S. Public Health Service Commissioned Corps officers and reservists representing nine categories from Delaware to Atlanta participated in this year's event. Participants included those who had never run 10 miles, to others who've ran full marathons. "Regardless of skill level, we first came together over email, and WhatsApp to exchange training lessons and motivate each other from our respective homes before the big day" said LCDR Lindsley, who led the event along with fellow nurse officer, LCDR Yu, both stationed at the National Institutes of Health in Bethesda, MD.

LT Preston, a Scientist at the CDC in Atlanta, first ran the ATM in 2020 as a way to stay active with her husband during the pandemic. In 2021, she ran the virtual race again while her husband was deployed to Qatar with the US Army. "It was a great way for us to stay connected as we were both training and pushing each other even while separated," said LT Preston. This year they both ran the in-person event for the first time. "It was great to run with people again and even more exciting since I was recently commissioned and was able to connect with other officers."

LCDR Yu, a self-described new runner said she "caught the running bug" and finds running short or long distances a great stress reliever and to condition her for the Annual Physical Fitness Test. "After running several 5Ks, and now the



USPHS Commissioned Corps officers with their friends and family participated in the 38th Annual Army Ten-Miler.



USPHS Ready Reservists from left to right: ENS Charice Smith, LCDR Justin Markley, LTJG Jason Slavoski.

ATM, I am motivated by other officers and have just signed up for my first Half Marathon in 2023!"

The ATM event is considered a qualifying event with the USPHS Athletics whose mission is to protect, promote, and advance the health of the American people through fitness. Some of the qualifying events include: running, walking, obstacle course endurance,

hiking, swimming, plogging, and biking. You can lead a Public Health Service Athletics team event by participating in a qualifying event. The team must include five USPHS officers, or two PHS officers and eight civilians (any age) organized under the Event Leader. For more information about USPHS Athletics, you can visit their website at <https://dcp.psc.gov/OSG/phsa/>.

Thomas Jefferson Branch of the COA – Reestablished and in Action

by CDR Scott Daly, MPH, REHS, LCDR Sarah Maynard, MS, REHS, CSP, LT Rachael Oyewole, PharmD, and LTJG Pamela Myers, MPH

Due to many factors, the Thomas Jefferson Branch had not been active for the past few years. There are many reasons a COA group can lose momentum such as the COVID pandemic, officer turnover in the area, branch leadership PCSing, or a combination. However, when one door closes, another opens. When CDR Scott Daly moved to the Philadelphia area in early 2022, he noticed the branch had been inactive, so he saw this as an opportunity to step up. He did a deep dive into the history and reached out to Philadelphia area officers. Thanks to his swift action, the group could participate in three events in 2022, and more are planned for 2023.

September 2022 was the branch's first meeting, where 10 officers joined together to participate and quickly identified events to engage in. The branch's first event was held on October 20th, 2022. Four USPHS Commissioned Officers stationed in Philadelphia attended the Surgeon General, Vice Admiral Vivek Murthy's release of the Framework for Workplace Mental Health and Well-Being. The event was held at the National Constitution Center and featured a panel of local leaders who shared their experiences which supported workers' mental health and well-being.

Another important event from 2022 was the retirement ceremony for CDR Gayle Lawson, which occurred on October 26th, 2022. CDR Lawson retired from the USPHS Commission Corps in October 2022 with 23 years of service. Members of the Thomas Jefferson COA branch and other services stepped up to coordinate the ceremony within a few weeks' notice. LT Zohaib Ishaq coordinated the planning while CDR Chad Thompson and LT Jerome Simpson presided over the ceremony to provide CDR Lawson a proper farewell.

The last event of the year was on December 17th, when four officers participated in the Wreaths Across America ceremony at the Philadelphia National Cemetery. This cemetery has 9,000



Pictured from left to right: LTJG Pamela Myers, LT Rachael Oyewole, LCDR Sarah Maynard, CDR Scott Daly

veteran gravesites where volunteers placed 4,000+ wreaths. One officer stood out, LCDR Maynard, who accepted the opportunity to be part of the main ceremony and stepped in to display the wreath for the U.S. Coast Guard. She was previously stationed with the US Coast Guard for 10 years. The Coast Guard did not have a service member present at the time of the event. This opportunity earned her a coin and a certificate of appreciation.

It is these impactful events that officers will keep with them in their memories for years. To have an active and successful group it takes more than just event planning - it is critical to have engaged and committed officers. The benefits of an active COA local branch are endless. Thank you to all the officers stationed in and around the Philadelphia area who make this possible. If you are stationed in the Philadelphia area as active-duty or as part of the Ready Reserve and wish to be a member, please reach out to CDR Scott Daly (smdaly23@gmail.com).

COA Donations

Commissioned Officers Association of the USPHS Donations Received
December 1 - January 31 2023

Friends (Under \$100)

CAPT Darrell Harris

LT Kathleen Hartnett

CAPT Thomas Shope

The Catawba Service Unit

by LT Hollis Reed, MHA, BSN, RN (Catawba Indian Nation)

The Catawba Service Unit, an Indian Health Service clinic in Rock Hill, South Carolina, partnered with the Catawba Indian Nation to provide health screenings and education to Tribal members on December 7, 2022. This Catawba Health Screen took place at the Catawba Nation Senior Center and included activities such as height/weight/body mass index assessment, blood pressure screenings, tobacco cessation counseling and education, diabetes risk test administration and diabetes prevention program enrollment, functional fitness screenings, vision screenings, vaccination updates, Catawba Nation Environmental Services air quality education, oral health education, and Catawba Nation Behavioral Health Narcan and drug deactivation systems education. Participants who attended at least six of these ten stations received a voucher to get a free traditional meal with the choice of either Three Sisters' Soup or Venison Stew with cornbread. Not only was the Catawba Health Screen an excellent opportunity for an Indian Health Service clinic to partner with the Tribal nation it serves, but it also provided a wonderful avenue for Tribal members to receive necessary screenings to stay abreast of their health.



Breaking News: Announcing the First Ever Commissioned Officers Association Coin Contest Winner!

by CDR Katie Jacques, PT, DPT, OCS, CAHA, CPL and LCDR Carla Chase, CCC-SLP.D.

The Commissioned Officers Association (COA) has worked diligently to continue to update our branding and virtual platforms over the past year. A lot of time and consideration was invested to ensure that they embodied the pride, advocacy, and connection that we have with our members. We value each and every one of you. We hear from you frequently that our COA family is not only a common and comfortable parallel, but the work we do together is meaningful and impactful. That is why we believed it was time to have a contest to redesign the COA coin to best represent us.

One story about the history of the the challenge coin tradition dates back to World War I, when an affluent Army Air Service officer shared a coin as a memento with his unit, which was later used to identify him as a member of an American squadron and saved his life. Another story states that the tradition started in Vietnam, when an Army infantry-run bar tried to keep non-infantrymen away by forcing those who were not infantrymen to buy beverages for the whole bar if they could not prove (i.e., with the coin) they had been in combat. Maybe you believe another story that it was a former commander of the 10th Special Forces Group who was the first to mint a unit coin for a U.S. military unit. In any case, we can all appreciate the coin signifies unity in the mission to protect, promote, and advance the health and safety of the people of the United States.

The coin can be an on-the-spot recognition of an accomplishment, a way to welcome members to our association, or a way for



officers to identify their belonging to a particular group, agency, or deployment. There are coins made for special missions, agencies, operations, and groups. Coins can be from both military and public health task forces. Many officers proudly exhibit challenge coins at their desks on placards or in shadow boxes. It is honorable to show off the many missions we have been on, the top leaders we have met, and the agencies for which we've worked and collaborated with to improve the public's health.

The Commissioned Officers Association (COA) is excited to share the winner of the first COA Coin Contest, CDR Courtney Drevo. Her submissions embodied pride for service and COA membership. She showed camaraderie, #YourCorpsYourCauses, and connectivity to our mission. We hope that Local Branches will integrate the new coin design, with the updated COA branding and logo, as they redesign their coins in the upcoming months or years.

CCHQ Announces 2023 Innovative Readiness Training Opportunities

Reprinted from CCHQ Distribution

The Office of the Surgeon General and Commissioned Corps Headquarters (CCHQ) has announced an exciting TDY training opportunity for Public Health Service officers: 2023 Innovative Readiness Trainings.

The U.S. Public Health Service (USPHS) Commissioned Corps and CCHQ has formed a collaborative partnership with the Office of the Deputy Assistant Secretary of Defense for Reserve Integration to provide Public Health Service officers the opportunity to continue participation in Innovative Readiness Trainings (IRTs). IRTs are joint training opportunities that increase deployment readiness while simultaneously providing key services - optometry, health exams, dental, veterinary care, and public health education - with lasting benefits to communities across the United States. These missions provide training opportunities to military units while at the same time, provide no-cost healthcare to communities. Public Health Service officers have participated in medical IRT missions since 2021.

CCHQ is coordinating with the Office of the Deputy Assistant Secretary of Defense to temporary duty (TDY) 58 officers to three separate IRT missions:

- Healthy Tennesseans (Tennessee): June 1-15, 2023.
- Operation Healthy Delta (Missouri and Illinois): June 9-23, 2023.
- Hoopa Health Services (California): August 1-15, 2023.

This TDY opportunity is open to officers in the following categories:

- Behavioral Health

- Dental Hygienist
- Dentist
- Dietitian/Nutritionist
- Registered Nurse
- Nurse Practitioner
- Optometrist
- Pharmacist
- Physical Therapist (Healthy Tennesseans & Operation Healthy Delta missions)
- Podiatrist (Healthy Tennesseans & Hoopa Health Services missions)
- Physician
- Physician Assistant
- Veterinarian (Healthy Tennesseans mission only)

Interested applicants must:

- Meet basic readiness requirements
- Have no current/pending adverse actions
- Have satisfactory COERs
- Submit supervisory approval (email or letter)
- Have current, unrestricted licensed and/or credentials appropriate for professional category
- Live in field conditions which include but are not limited to: sleeping in open-bay barracks, using communal showers, and eating MREs.
- Be available for the entire duration of the IRT.

Interested applicants must submit complete application packages (details below) to the Commissioned Corps Learning Management System

(CCLMS) by 6 p.m. (EST) January 27, 2023. In CCLMS, click "Training" then "Current Training Opportunities" then select "Innovative Readiness Training." Applicants are required to provide the following:

- SERNO
- Professional category/specialty
- Mission preferences in order*
- CV
- Supervisory approval (email or letter)
- Copy of licensure (if applicable)
- Copy of board or specialty certification (if applicable)
- A full-length photo in Operational Dress Uniform
- One-page statement explaining why you are interested in this opportunity
- Acknowledgment that you are willing to work and sleep in field conditions
- Special dietary requests (Note: Special dietary accommodations will be forwarded to IRT leadership and may not be accommodated)

Please note that available positions are subjected to change based on mission requirements. Not every professional category will be needed for every mission. If interested in a specific mission, it is prudent to seek approval for multiple missions if your first choice is not available or not in need of your specialty.

Active-duty Public Health Service officers will receive deployment credit. The IRT mission will count towards required clinical practice hours. Please send any questions, with subject line: 2023 IRT, to PHSPreparedness@hhs.gov.

Reflection into Action

by CDR Katie Jacques, PT, DPT, OCS, CAHA, CPL
COA Board Treasurer

We, at COA, want to start with a warm Happy New Year and cheers to new beginnings. Personally, I am not one for making New Years resolutions, but there is something to be said for looking out to a horizon and setting goals. As LCDR James Gooch mentioned in the December *Frontline* (page 13), this time of year is one of reflection.

On New Years Eve, I found myself hustling around my house as my husband was at work trying to get the evening ready to spend with my two girls (2 and 5 years old). I had arts and crafts, celebratory noise makers, and a tent set up next to our Christmas tree. Our goal was to sleep in the tent and “camp” into the New Year with all the twinkly color lights and magic the holiday brings. The plan and set up was “perfect.” The girls started their evening crafts and I was quickly distracted by my phone with our east coast family and friends lighting up group text messages wishing loved ones a Happy New Year (we are in Alaska). The feeling of connection was split in two (or more) directions for me in this moment. Do I engage in socializing with distant friends and family? Do I craft with my girls and capture the moments, while allowing the mess to happen? What I did, was tried to multitask, and do both, while adding another layer of “being present” and taking photos with my phone. What was the result? A few responses (which engaged more replies), blurry photos, and my two-year-old spreading paint on her face like a warrior and on her sister who does not like to be dirty. Moments later, one of my dearest friends sent this in a text message:

2023

This will be the year for more connection and less comparison. For more authenticity and less people-pleasing. More presence and fewer distractions. More open conversations. More breakthroughs. More experiences. More seeing the beauty in the simple everyday moments. More love and more doing things the light you up.

This message is not a resolution I want to follow, but a lifestyle I want to put into action. I have been on a self-care journey for the past four months and the changes I have seen in my day-to-day are unbelievable. The changes I am noticing are small, but incredibly meaningful. I am laughing and growing with my family. This joy is spilling over into my work at my duty station and for my extracurricular activities, like COA.

The efforts of the staff and officers in COA, locally and nationally, are full of heart and pride. The reflection of past accomplishments

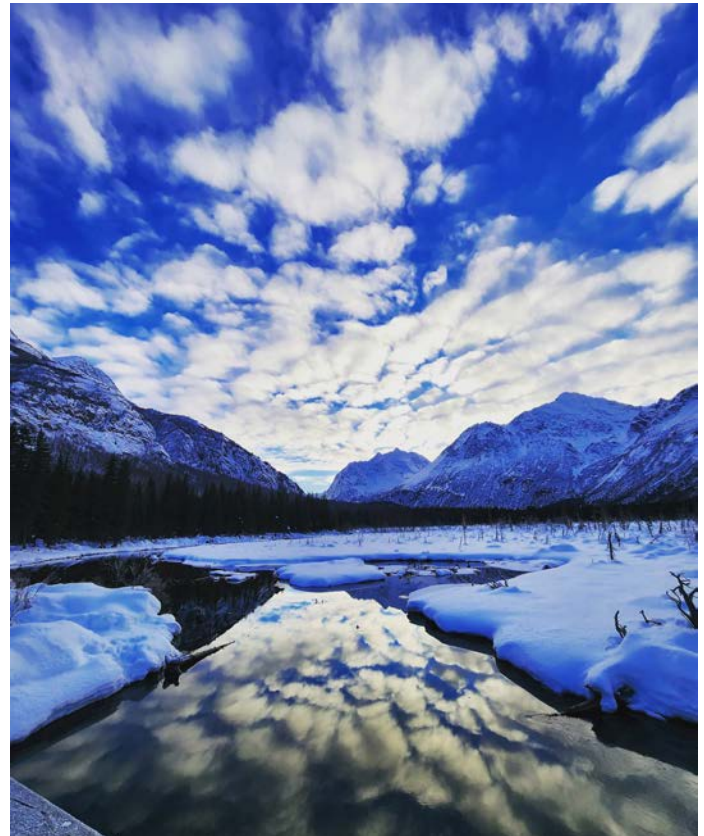


Photo captured by CDR Katie Jacques in Alaska

impacts the vision of future events. The tireless efforts pay off, like the Consolidated Appropriations Act, 2023, signed by the President, permits our active-duty officers to carry over up to 120 days of unused annual leave. This was an ongoing effort by COA for over two years. A task that looked like a mountain, was accomplished, one step at a time, through peaks and valleys, but always in the right direction. This win lit up our organization. We are here for you and want to help see you into 2023 with more connection, more authenticity, more open conversations, more experiences, and more breakthroughs.

In closing, we hope you take a moment to reflect on what lights you up as an officer. As an association, we are always looking to partner with you, our members, to listen, share a universal voice, promote advocacy, embrace the moments, and celebrate each other. I know for me, being active with COA is an activity that I look forward to, and I hope you do, too. If association work interests you, consider running for one of our open boards positions this year, or in the future and adding a little spark to our fire.

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NIH PHS Officer's End-of-the-Year Holiday Gathering

by LCDR Angelina Williams, DVM, MPH, DACLAM and
LT Samora Casimir, OTD, OTR/L

On Friday Dec. 16, 2022, six USPHS Officers stationed at the National Institutes of Health (NIH) in Bethesda, MD gathered to celebrate the holidays and enjoy each other's company. This group is composed of the NIH USPHS Officers' Subcommittee. The committee members virtually met and planned over 3 months to make this festive end-of-year gathering an awesome experience for all. CDR Wilder led the group into planning and organizing the venue, time, and other appropriate logistics. They also made sure to choose a venue that was family-friendly. LCDR Williams was accompanied by her 12-year old son, Reese, who was delighted to spend an evening at Dave & Busters, one of his favorite places to eat, play games, and have fun. The venue provided the perfect atmosphere for some much-needed social interactions among the officers, many of whom were meeting each other for the first time. This social activity has been an annual event held every December for the NIH USPHS Officers. However, they haven't had the chance to gather in person since 2019 due to the COVID-19 pandemic. Everyone in attendance was delighted to be able to gather together and strengthen their relationships and esprit de corps. LT Casimir said, "It was so nice to socialize with one another outside of work, meet each other's family members, and talk about our holiday plans and travels." This was a wonderful opportunity to celebrate our hard work at NIH and within the Commissioned Corps throughout the year, share memories, and network. We hope to have an even greater turnout next year.



USPHS officers stationed with NIH gather at their annual holiday party in Bethesda, MD.

Diverse and United Through the U.S. Public Health Service Commissioned Corps

by LCDR Adriana Restrepo, CDR Kemi Asante, CDR Melissa Briggs Hagen, CDR Joseph Landers, CDR Trang Tran, LT Cmdr. Nicholas Cushman, LT Cmdr. Marcia Fields, LT Cmdr. Jorge G. Muniz Ortiz, LCDR Nicole Pascua, and LT Fabiola Carrero

Cultural diversity and its impact on our lives have become increasingly important issues globally wherein the interactions between cultures continue to grow exponentially. Bringing awareness to cultural differences and initiating discussions on topics of relevance to ethnic minority officers within the U.S. Public Health Service (USPHS) Commissioned Corps is one of the many functions of the Minority Officers Liaison Council (MOLC).

The MOLC was established in 1990 by the Surgeon General (SG) and USPHS, to advise and serve the Office of the Surgeon General (OSG) on issues of professional development and to advocate for the recognition of contributions made by minority officers in the USPHS. The MOLC is recognized by the SG as the liaison between the OSG and the four groups sanctioned by the SG to represent a minority constituency, Chartered Minority Advisory Groups (CMAGs): American Indian/Alaska Native Commissioned Officers Advisory Committee (AI/ANCOAC), Asian Pacific American Officers Committee (APAOC), Black Commissioned Officers Advisory Group (BCOAG), and Hispanic Officers Advisory Committee (HOAC). According to the 2020 USPHS Demographics website, 41% of the 6,097 active duty USPHS officers identified themselves as White, not of Hispanic origin, while 12% identified as Black, not of Hispanic origin, 9% as Asian or Pacific Islander, 6% as American Indian or Alaska Native,

and 4% as Hispanic. 28% did not specify their racial or ethnic heritage.

In April 2022, representatives from each CMAG came together to form a Cultural Awareness Workgroup as a specialized task force to provide a platform for all of the CMAGs to collaborate and promote a diverse and inclusive USPHS community. On Tuesday, October 4, 2022, the workgroup held a virtual presentation entitled "Diverse and United Through the U.S. Public Health Service Commissioned Corps." We were honored to have RDML Aisha K. Mix, the MOLC Senior Advisor, provide the opening remarks. During this presentation, the workgroup co-leads (CDR Trang Tran and LCDR Jorge G. Muniz Ortiz) and representatives from AI/ANCOAC (LCDR Nicholas Cushman), APAOC (LCDR Nicole Pascua), BCOAG (CDR Melissa Briggs Hagen), and HOAC (LT Fabiola Carrero) shared information about their respective advisory group and initiatives to promote ethnic diversity and cultural awareness within the USPHS. More than 200 individuals attended this event that highlighted and celebrated the diversity and unity that exists among USPHS officers. The recording link of the presentation may be found [here](#).

The USPHS is united through the mission of protecting, promoting, and advancing the health and safety of the Nation. Each officer brings unique strengths and experiences to help meet that mission. A culturally diverse USPHS enhances creativity, encourages new perspectives, and fosters collaborative efforts towards a more united front.

COA Interviews DHA Public Health Director

by Jacque Rychnovsky, PhD, FAANP, CAE, Captain (Ret.), Nurse Corps, U.S. Navy, COA Executive Director

Members of the Executive Committee and I recently chatted with RDML Brandon Taylor to get his perspective on his new role as the Director of Public Health for the Defense Health Agency (DHA).

- RDML Taylor, we heard about the position you assumed at the Defense Health Agency (DHA) as The Director, Defense Health Agency Public Health. Tell our readers about this new position. What value does your USPHS background bring to the role?

The DHA was established nine years ago with an objective to eliminate Military Health System redundancies across the services with hopes to reduce cost, create standardization, and improve efficiencies. The transfer of Military Treatment Facilities (MTFs) worldwide from the Services to the National Defense Authorization Act (NDAA) was completed last year.

More specifically, the FY18 NDAA called for the establishment of a new subordinate organization within DHA to be led by a director or commander and the transfer of the Army Public Health Center, Navy-Marine Corps Public Health Center, and Air Force public health programs, in effect. DHA Public Health has existed for many years in the agency and has historically been led by a chief at the Deputy Assistant Director (DAD) level within agency. DHA leadership recognized the need to have a flag officer (FOGO) in the role given the breadth and scope of the position and desired level of engagement across the department. I am blessed and fortunate to serve as its first director.

As the Director, DHA Public Health, I am charged with providing force health protection by enabling a comprehensive, integrated, and effective public health system that delivers timely, relevant, and actionable public health capabilities to the joint force, uniformed services, and the DoD. That simply means I oversee the execution of 19 public health-specific product lines across the worldwide DoD enterprise in support of all service members, DoD families and civilians, and DoD working animals. Many USPHS officers have worked, or might recognize divisions, with DHA Public Health: Armed Forces Health Surveillance Division (AFHSD) in Silver Spring, MD, or Immunization Healthcare (IHD) at DHHQ in Falls Church, VA.

As to the value of my USPHS background, several thoughts come to mind. First, great opportunities exist at DHA for USPHS officers at all levels from entry to senior executive. There are currently three USPHS officers working for DHA Public Health. Second, specific to the transition of the services' public health centers to DHA, there was much concern about bias and influence of one service over the others. As a USPHS officer, I can be impartial as we find the best way forward and define what public health will look like in the DoD for years to come focusing on the strengths each service brings to the fight and filling in gaps as needed. As chief of staff of the Indian Health Service and a deployment team commander, I was exposed to senior executive civilian government officials, senior officers, and political appointees within and external to Department

of Health and Human Services (HHS). I learned much from mentors, through observation, and from my own trial and error experience in leadership.

- Do you think there is an added benefit to being a USPHS Officer and adding your professional lens to this position?

Beyond what I've already mentioned, perhaps added benefit comes through my professional lens as a clinical pharmacist and hospital experience. I have gleaned many similarities between federal pharmacy practice and DoD public health. Each is sometimes easily overlooked and perhaps undervalued by many which gives pharmacy and public health leaders opportunities to highlight value, showcase accomplishments, and develop meaningful outcomes data for decision-makers. Being in a system heavily focused on healthcare delivery, public health can often be overlooked and seemingly forgotten. I am having some fun implementing some basic principles into daily routines to ensure that public health remains in the forefront; public health concerns of today like COVID-19, monkeypox, and Ebola certainly help in these efforts. It has been an added joy when someone says, "Of course it makes sense to have a Public Health Service officer leading Public Health in the DoD."

- What has been your most challenging obstacle to navigate in your transition to your new role?

There was a significant learning curve stepping into this role. First, learning the languages used by each of the services, the department, and the one unique to DHA has been a challenge. Second, there was much to learn on how and where DHA and DHA Public Health fits into the Department's organizational structure, history, divisions, functions, capabilities, and relationships. Lastly, I needed to get up to speed with all things transition eight months before the NDAA FY2023 was to be effective. Thankfully, each DHA Public Health division is led by a subject matter expert with very capable leadership skills.

- What has been the most impactful moment on you in this new role?

Several come to mind immediately, and they all relate to "What am I doing here?" moments. I have briefed the Under Secretary of Defense for Personnel and Readiness, USD(P&R), and Assistant Secretary of Defense for Health Affairs (ASD HA) in the Pentagon only a few months after beginning in the role on Total Force Fitness and Biosurveillance.

To be in a secure space and discussing and receiving classified information is not only sobering and humbling. Traveling overseas to speak and participate in a NATO engagement with twelve partner nations was thrilling.

All of these have been quite impactful on me, but perhaps the most impactful has been the privilege to learn the public health mission of the Department of Defense and dedication, passion, and subject matter expertise the officers and enlisted personnel charged to carry this mission forward.

Wading Through Snow for National Wreaths Across America Day

by CDR Molly Rutledge

Some gave their lives in service to the nation, others passed away long after their active duty careers ended, yet all 235 veterans were honored Saturday December 17, 2022 at the Fort Richardson National Cemetery located on Joint Base Elmendorf Richardson (JBER) in Anchorage, Alaska.

Several hundred volunteers turned out for the annual Wreaths Across America ceremony. The cemetery was among the more than 3,000 locations in all 50 states, at sea, and abroad where similar programs took place. While hosting this day is a yearly commonplace for JBER, this year we had to make a unique adjustment.

In a one-week period prior to the ceremony, JBER received 5 feet of snow! Due to the very deep, soft snow and single digit temperatures, the cemetery manager instructed volunteers to stay on the cleared cemetery roads and asked that no one attempt to walk onto the cemetery to reach the honored veterans' graves. Therefore, wreaths were placed on top of the snowbanks on either side of the cemetery roads.

My daughter and I dressed in our layers to head out in the one-degree temperature. As soon as we received our wreaths, the chill was no longer on our minds.



CDR Molly Rutledge and her daughter with wreaths prior to placing them on the snowbanks at Fort Richardson National Cemetery

Each live, balsam veteran's wreath gave the feeling of a gift of respect and appreciation as they are sponsored by an individual or organization. For centuries, fresh evergreens have been used as a symbol of honor and have served as a living tribute. Wreaths Across America seems to support this tradition as it puts forward a living memorial that honors veterans, active-duty service members, and their families. When each wreath is placed, it assures the service members' memories live on.

For more information or to sponsor a wreath in 2023 please visit www.wreathsasscrossamerica.org

LEGISLATIVE from page 2

- National Park Service Park Passes
 - a. Continued to advocate to include USPHS Officers the Military Pass program.
- Parental Leave
 - a. The 2023 National Defense Authorization Act extended non-chargeable parental leave to 12 weeks for the armed forces. This was implemented in 2023. USPHS was not included in this law. We will advocate for USPHS to receive 12 weeks of parental leave, just like the other uniformed services.
- Ready Reserve Inclusion into GI Bill Benefits
 - a. The Department of Veterans Affairs offers two versions of the GI Bill – the Montgomery GI Bill and the Post-9/11 GI Bill – to active-duty service members across the uniformed services. Armed Forces reservists, when activated, are also eligible to accumulate GI Bill benefits. USPHS Ready Reserve is not eligible for this benefit. COA will advocate for parity with the other reserve components.
- Ready Reserve inclusion in TRICARE Benefits

- a. Unlike USPHS, other uniformed services' reserve components are eligible for TRICARE Reserve Select (TRS), a version of TRICARE afforded to reservists for a small premium. COA will work to ensure USPHS Ready Reserve is afforded the benefits that other services are provided.

While COA is hard at work advocating on Capitol Hill and with CCHQ to bring parity with the other uniformed services, in order to bring change, it truly does take a joint effort to make a huge impact. Becoming involved in state-level politics brings to light the important issues facing officers on the field. Legislators want to know the impact of a bill on their district, and they often want to know what other jurisdictions are doing. It is important that current, former, and retired officers become active in their local COA branch to bring non-partisan advocacy and education to local legislators.

It might seem that the fight for parity with the other uniformed services is faced with "formidable odds and recurring defeats," but if we work together in a joint effort both on the grass roots level and on Capitol Hill, we can be a powerful force in creating change in policies and legislation.

Delayed but not Denied

by LT De-An Watkins, LCSW, BCD, MDiv

I first learned of USPHS over a decade ago as an itinerant mental health clinician serving in Kotzebue, Alaska, a rural village 33 air miles above the arctic circle; home of the Inupiat. First, let me answer a few questions that most people ask regarding rural Alaska. No, the Natives do not live in igloos, they live in apartments and houses just like you and me. No, it is not 6 months of complete darkness; more like 3-4 months of twilight during the day and normal darkness at night. The sun always rises and sets, sometimes for only an hour or so depending on how far north you are. And yes, I tried many of the Alaskan native foods including bowhead whale blubber (muktuk), salmon, ptarmigan, seal intestines (inluaq), seal (uugruk), Eskimo ice cream (akutuk), beluga whale, polar bear, black bear, muskox, all the berries, and the list goes on. Let's just say, rural Alaska is my second home.

Now back to my story, I was walking down the hall of the hospital one day and caught a glimpse of a dentist wearing a khaki uniform. She shared with me that she was an officer in the United States Public Health Service Commissioned Corps (USPHS). I became curious, so I asked a fellow social worker who happened to already be interested in joining. From the moment I learned the mission "to protect, promote, and advance the health and safety of our nation," the emphasis on serving the underserved and under privileged, as well as the rapid response to natural disasters and critical incidents, I knew I had found my calling. USPHS presents a career that speaks to the core of who I am and fulfills a call in my life.

The journey of becoming a USPHS officer was long and challenging. For a number of years there was no call for social workers. Then, in 2017, there was a call and lo and behold, I missed it. I had been focused on figuring out how as a VA employee I could deploy during a time of multiple large-scale disasters. I was able to serve through Federal Emergency Management Agency (FEMA) Surge Capacity Force; the first in my Veterans Integrated Services Network (VISN) to utilize this partnership. Upon my arrival and throughout my three weeks in San Juan, I was able to work alongside many USPHS officers. I vowed not to miss another call and became more vigilant about periodically checking the usphs.gov site. After some time, I put a reminder on my calendar to begin checking in January 2020 (it was November). Somehow, my reminder went off in December, so I decided to check the site and to my amazement, there was a call to active duty for new applications.



"Dreams do come true." - LT De-An Watkins

My chance had finally come and I applied in December 2019. After repeated requests to resubmit documents, I received my Call to Active Duty (CAD) in June 2022. I will admit, there were moments when I thought it was not going to happen; but I kept telling myself, great things are worth waiting and fighting for.

My CAD was perfect timing I would say. I had the privilege of attending the first in-person Officer Basic Course (OBC) since COVID 19; another answered prayer. Through my experience as an Air Force Reserves Chaplain Candidate, I knew the value of in-person training for new officers and the significance of the formed relationships and comradery. So much so that I played a role in creating the OBC Class 137/10's chant/motto: "Back in person, fall in line, move over COVID, it's our time to shine."

My position in the Corps is a Behavioral Health Provider at the Folkston Immigration Customs Enforcement (ICE) Center Annex. I first applied for this position as a civilian (GS employee). I was informed that the position had closed and no more applications were being considered. Needless to say, I was offered the same position as an officer. I stayed strong and did not give up on the process. I had reaffirmed faith that this was the path for me. I am more than honored and thrilled to don the Gold and Blue, give voice to the silent, serve the forgotten and underserved, and encourage and empower the downtrodden. Indeed, my journey of becoming a USPHS Officer was a dream delayed, but not denied.

National High School Essay Contest – “Speaking Up About Mental Health”

by LT Jiali He, CDR Nancy Tran,
and CDR Daniel Lee

Suicide is the second leading cause of death for youth 15 to 24 years old, yet only about half of young adults with a mental disorder receive treatment. Prior to the COVID-19 pandemic, 1 in 5 children ages 3 to 17 experienced mental health challenges. The pandemic further intensified the mental health challenges of our nation's youth. In 2021, the U.S. Surgeon General's Advisory on Protecting Youth Mental Health to highlight the urgent need to address the youth mental health crisis. During 2020, the proportion of mental health-related emergency room visits increased by 31% for young adults who are 12 to 17 years old. This data was provided in the Morbidity and Mortality Weekly Report (MMWR) developed by the Centers for Disease Control and Prevention at the Department of Health and Human Services and is available on the Web-based Injury Statistics Query and Reporting System (WISQARS). Based on diagnostic interview data from the National Comorbidity Survey Adolescent Supplement (NCS-A), it is clear we need to understand and address mental health stigma and cultural barriers faced by adolescents from all cultures when seeking mental health treatment.

To address the urgent need of youth mental health which was intensified by the COVID-19 pandemic, a few core U.S. Public Health Service (USPHS) officers and Federal Asian Pacific American Council-Food and Drug Administration (FAPAC-FDA) and National Institutes of Health (NIH) Chapters reunified the planning committee to launch the second cohort of the National Essay Contest Challenge “Speaking Up About Mental Health! This is My Story.” With financial support from NIH, the cash prize for the 2022 national essay contest increased to \$15,000. The essay challenge was funded by the National Institute of Mental Health (NIMH), the National Institute on



2022 Winners of the National High School Essay Contest

Minority Health and Health Disparities (NIMHD), and the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

To address the disparity and inspire conversations about mental health, high school students ages 16 to 18 years old, across the United States, were invited to participate in this unique essay contest challenge. The challenge sought ways to address and/or reduce mental health stigma that young people may need to overcome when seeking mental health treatment, especially in diverse communities. It provided an opportunity for youth from a variety of cultural backgrounds to explore ways to improve mental health by sharing innovative solutions that tackle stigma and social barriers that adolescents commonly confront with when seeking mental health treatment.

On September 26, 2022, NIH announced the winners of this national essay challenge. More than 200 essay submissions from 33 states were received. Additionally, more than 90 USPHS officers were recruited for the essay pre-screening and evaluation period, which used validated criteria to score essays before submission to the official judging panel. Subsequently, essay

judges from the funding NIH institutes selected winning essays based on the writer's understanding of the topic, innovative solutions, and overall writing qualities. In total, there were nine cash prize winners and six honorable mentions. To learn more and read all the winning essays, please visit the Speaking Up About Mental Health! This Is My Story website.

This crucial challenge would not have been possible without the contributions and tireless dedication of USPHS officers and civilian partners. USPHS officers led a wide range of efforts, such as standing up and chaired planning community, providing subject matter expertise, promoting the essay contest through community outreach events, providing leadership guidance from professional advisory groups, communicating through social media channels, and serving as essay contest evaluators during pre-screening and evaluation stages. The strong USPHS support and dedicated teamwork enabled another successful challenge and provided a platform for our young people to share their innovative solutions on building mental health resilience with the unprecedented challenges posed by the COVID-19 pandemic.

Long-term Care Not Just About Older People: How Public Health is Addressing the Care Giving Gap for the Younger Generation

by Kenneth A. Knapp, Ph.D.

Former First Lady Rosalynn Carter once said there are only four kinds of people in the world: those who have been caregivers, those who are caregivers, those who will be caregivers and those who need caregivers.

The growing caregiving crisis in the U.S. has put a significant burden on many families. While the demand for caregiving services has risen, the shortage of caregivers has impacted approximately 20 percent of community-living adults who need care but are unable to find paid or family help.

Contributing factors such as aging baby boomers and longer life expectancy will result in significant growth of the older population in the U.S. in the next 25 years. By 2030, about one in five people in the U.S. will be over 65 years old.

Currently, about 1.4 million Americans aged 65 and over live in nursing homes, four times as many receive care at home, and significant numbers of frail older people go completely without the help they need.

While demand for caregiving and long-term care services is increasing, the supply of services is increasingly tenuous. Long-term care providers are reporting unprecedented turnover and vacancy rates of paid direct care workers. The available workforce of caregiving paraprofessionals is often inadequately trained and underpaid.

Moreover, social and demographic trends, including more women in the workforce, an increase of dual-earner households, as well as families with fewer children, have diminished the supply of family caregivers. Especially hard-hit by these trends is the so-called “sandwich generation,” with the responsibility of raising children while caring for their aging parents. Many family caregivers work full-time and face a triple responsibility.

Committed to closing this “care gap,” the Center for Long-Term Care at New York Medical College (NYMC) works towards improving the quality of long-term care for all Americans by using a multidisciplinary approach, engaging in research, education and public policy development, as well as general health care needs and caregiving across the lifespan. The issues of maintaining health and independence with aging are central to its mission. However, long-term care is not just about older people. Younger populations,



too, face chronic conditions and disabilities. The Center focuses on not only those who need care, but also on those who provide it, including informal family caregivers and paid paraprofessionals.

The Center works closely with Doctor of Public Health (Dr.P.H.) and Master of Public Health (M.P.H.) students in NYMC's School of Health Sciences and Practice (SHSP) Department of Public Health. Examples of research on caregivers conducted by doctoral students include incidence of falls, dental health and frequency of mental distress. Other Dr.P.H. and M.P.H. students have completed internships or practicums on projects related to aging or caregiving, such as assisting with focus group interviews, creating a repository of state-added questions and topics for a national surveillance system and working with nonprofit organizations to provide job training to populations with intellectual or developmental disabilities.

For more information on the Center for Long-Term Care at NYMC, please visit www.nymc.edu/center-for-long-term-care. To learn more about public health programs, including the new M.P.H. Generalist program slated to begin in spring 2023, contact the NYMC SHSP Office of Admissions at www.nymc.edu/shsp. Graduate degrees and certificates are offered in person and online.

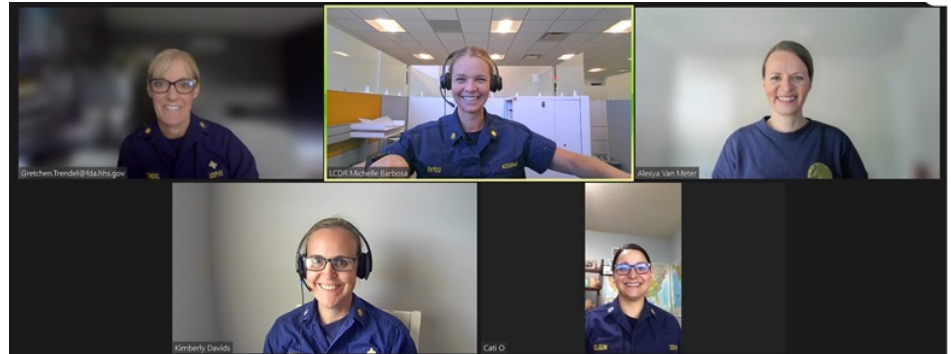
Kenneth A. Knapp, Ph.D., interim vice chair of the Department of Public Health and assistant professor of health policy and management, is the director of the Center for Long-Term Care and of the Dr.P.H. Program in the School of Health Sciences and Practice at NYMC.

Beyond the Books: Professional Development and Personal Connections

by LCDR Michelle Barbosa
and LT Alesya Van Meter

Commissioned Corps Officers serve as public health leaders within our professions, organizations, and communities. Therefore, leadership development and growth are equally as important as maintaining force readiness, professional qualifications, and certifications. As with any journey or pursuit, leadership development is best when it is shared with others. In early 2020, a group of officers in the Heart of America (HOA) branch of the Commissioned Officers Association (COA) agreed to embark on a journey together exploring various leadership concepts through a book club formed out of mutual interest and desire for professional growth. Led by LCDR Gretchen Trendel, it all started with a simple local gathering to dive into *Dare to Lead* by Brené Brown. Unfortunately, soon after the conclusion of the initial session, in-person gatherings screeched to a halt because of the multi-month lockdowns and continuous quarantine extensions. The pandemic-driven shift to working remotely and social distancing forced officers to be creative in various ways, including methods to network and connect with fellow officers despite lockdowns, infections, recurrent quarantines, and a return from extended deployments with periods of downtime or isolation. Virtual platforms offered the opportunity to host and facilitate various virtual events to include the book club to maintain local officer comradery and connection. The HOA leadership encouraged members to engage as a healthy counterbalance to elevated stressors associated with COVID and to maintain meaningful and education-inspired conversations with colleagues. Our goal in sharing the success of the HOA book club is to inspire and provide tips for other associations and members to initiate their own forums that enables similar leadership development.

HOA members gathered virtually twice a month to share their thoughts, lessons learned, and opportunities to practice leadership skills or roles. Discussions often



Clockwise (from top left): LCDR Gretchen Trendel, LCDR Michelle Barbosa, LT Alesya Van Meter, LCDR Catherine Olguin, CDR Kimberly Davids. Not Pictured: CAPT Dana Hall (retired), LCDR Jennifer Perry

centered on a leader's success in recognizing and applying emotional intelligence (EQ), focusing energy on core priorities amidst the challenges faced in professional positions while balancing personal responsibilities, and implementation of techniques to make oneself and teams successful. HOA members committed and held each other accountable to applying these concepts to both professional and personal lives, resulting in becoming better versions of ourselves as leaders and individuals. While an educational component has expanded the minds of the officers, their greatest achievement went beyond the pages of the books to touch upon their hearts and personal lives. These virtual meetups included the benefit of building genuine camaraderie forged across the miles; a small community of individuals there to listen, understand, share stories, and offer words of support and encouragement to one another. The book club's foundation of mutual trust, respect, and grace enabled genuine conversations and diversity of perspectives. The content of our chosen books often primed these discussions by making it easy for members to conduct the necessary self-reflection and awareness going into group discussions. Here are the books that contributed to this experience: *Dare to Lead* by Brené Brown; *The Happiness Advantage* by Shawn Achor; *The Ideal Team Player* by Patrick Lencioni; *Essentialism* by Greg McKeown; *Permission to Feel* by Marc Brackett; and *Grit* by Angela Duckworth.

We found that starting a book club was not difficult. The most important factor

involved was commitment. After that, everything else seemed to fall into place. Our recommendations for anyone else seeking to start a book club are to:

- 1) Gauge Interest – Outline benefits of participation and opportunities for leadership and personal development. Invite all members and distribute invitations via listserv and/or meeting.
- 2) Encourage Engagement – Personal invites work well.
- 3) Identify the Book – Members submit recommendations of books, and all participants vote anonymously.
- 4) Plan Meetups – Frequency, mode, and time of meetups may vary on group interest. Our group has elected to gather every other week virtually for 30-minute sessions.
- 5) Set Reading Schedule - Review the table of contents for the weekly reading breakdown. 40 pages per week is manageable.
- 6) Rotate Leaders – Establish volunteers to lead sessions. This can be mapped out in advance or weekly to adjust for personal/professional events that may arise unexpectedly.
- 7) Distribute Invitations – Include book breakdown schedule, session leads, etc.
- 8) Grow and Develop Self – Have a growth mindset: prepare to share, learn, and most importantly: enjoy the journey!

Barclay-Giel Seed Grants: A Series Highlighting Your Support at Work in the Community

by CAPT Dan Beck, USPHS (Ret.), Life Member, COF Board of Trustees

The mission of the Commissioned Officers Foundation (COF) is to “Build leadership in public health through advocacy, education, research, partnerships, and program support.” A key strategic goal of the foundation is further stated to “Support and conduct projects and research studies that advance and promote public health and public health leadership nationally and globally.” A key component in meeting that strategic objective is the Barclay-Giel Seed Grant Program.

This article is the first in a series that will highlight this important program and shed light on the wonderful accomplishments of past grant awardees. In 2018, COF began supporting community-based public health programs with the Barclay-Giel Seed Grants Program. The program is named after the late Martha Barclay-Giel, a retired Captain of the Commissioned Corps of the U.S. Public Health Service. Captain Barclay-Giel dedicated her life's work to advancing the health of Americans. After retiring, she donated considerable sums of money to COF and is a member of the John Adams Society.

Any non-profit entity, including 501(c)(3) or local/state/tribe/tribal organizations whose primary mission was addressing one or more

public health issues may apply for a seed grant. The maximum grant amount is \$10,000 per recipient. Typically, grants are given to tax-exempt organizations whose primary mission is addressing public health issues. Historically, a small number of grants have been made to public charities, educational settings, and health care institutions.

The foundation considers applications that address a variety of public health needs. Grants can be used for an initial project or for expanding an existing one. Innovative and unique aspects are strongly encouraged, and proposed projects should have a strong disease and/or injury prevention component that impacts the health of a community by promoting wellness, early detection, and early interventions. And importantly, the Surgeon General's priorities are of special interest for the Fall 2022 grant cycle, these topics related to the COVID-19 pandemic, health misinformation, healthcare worker burnout, and youth mental health.

All initiatives must be completed within one year after receiving funding. A final report with supplemental material is due three months after the project/program is completed. Tuggle Elementary School in Birmingham, AL was a 2021 Barclay-Giel Seed Grant recipient and recently submitted their final report to the foundation.

see **SEED GRANTS** continued on page 26

TAYLOR from page 16

- What do you think is the biggest benefit to aligning sister services in public health?

First, we will seek to standardize processes, training, equipment, policies, procedures, and so forth. Second, we know there will be non-service specific public health solutions to further benefit by this alignment. For example, we have public health responsibilities on installations where there are no embedded public health assets, and an Army installation in such a scenario might best be served by Air Force or Navy public health assets which are closer than the next closest Army installation.

- What has been your favorite part to collaborating with our sister services?

Specifically, during the public health transition with the services' public health centers, each service was excited to onboard with DHA public health. Just witnessing the willingness to freely collaborate between the Services and with DHA has been a breath of fresh air. The level of communication between the public health centers and the recognition of subject matter expertise each has are superb.

- What kind of trainings prepared you for this position” or “what advice do you have for officers who are interested in Senior Executive Service (SES) positions, what trainings do you recommend?

I have been blessed that each position I have held has prepared me for the next. Deployment experiences contributed to my development, learning, and preparation for additional levels of responsibility. Having served at a well-established headquarters, been mentored by an outstanding director and supervised public affairs, my experience as Chief of Staff at IHS has really helped me at DHA.

The Office of Personnel Management (OPM) offers an SES Candidate Development Program. Many agencies also offer executive level trainings. DHA is exploring a leadership development pathway for USPHS officers to assist in their preparation for senior leadership roles to meet needs within the agency. The DoD really leans on its senior officers' abilities to lead in its most executive level positions.

For officers interested in SES positions, I recommend seeking opportunities that will stretch you. Get out of your comfort zone; that is where real growth occurs. Take chances. Be excellent in all your work. Learn how to work with difficult people. Learn how to improve yourself with constructive criticism from mentors. These skills are vital for success at all levels. There is no one way. I am proof. Find your way.

Again, thank you RDML Taylor for your willingness to spend time with COA to answer some important questions about the impact you are making on DHA and the future of public health in our military

Spiritual Wellness

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

Out With the Old, In with the New!

I KNOW that the mask in the picture is scary! It's supposed to be! It's an Oni mask and they are used in the festival of Setsubun in Japan. The festival of Setsubun is celebrated on February 2, 3, or 4 (whichever day is one day before the first day of Spring determined by the Japanese lunar calendar). Oni's are demons (aka evil spirits). The point of this festival is to drive away the evil spirits before spring. Back in the day, they used to do this by using the strong smell of burning dried sardine heads (phew!), the smoke of burning wood and the noise of drums, but in modern times most people will use roasted soybeans (a much nicer smell). The roasted beans are tossed out the front door to keep the evil spirits from entering, and they are sprinkled around homes, shrines, and temples.

Whether your spiritual beliefs note evil spirits or not, I believe that all of us can appreciate having a fresh start. It's like hitting the reset button on your life. If you don't believe in evil spirits, that's okay. There are many who don't, or they think of things in terms of positive/negative energies, etc. If you do believe in good and evil spirits, I think that this Shinto festival demonstrates a great way to actively acknowledge that belief. It encourages people to make their home and worship areas into spaces that welcome good and not bad. That's what I call a spiritually healthy exercise!

A lot of us get lazy in our spirituality from time to time. Sometimes it takes a crisis for us to get back on our spiritual treadmill and start working out our "demons." You know, crunching our spiritual love handles, forsaking our unhealthy spiritual diet, and, of course, renewing our unused worship center memberships. It shouldn't be this way, but don't worry, it's not too late! You can hit the reset button on your spiritual life ANYTIME! It's better to be prepared for crises than to be caught with weak resources and zero resilience strategies. It's also our calling to be the representatives of total wellness in all the wellness dimensions (physical, emotional, spiritual, occupational, social, intellectual, financial, and environmental).

May we all be inspired by this Japanese tradition to be active in our spirituality this year! You are all in my thoughts and prayers.



Education: Mardi Gras

Mardi Gras (French for Fat Tuesday) dates back to an ancient Roman festival honoring the deities Lupercalia and Saturnalia which took place in mid-February. When Christians arrived in Rome, they incorporated the festival into Lenten preparations.

Spiritual Exercises

1. Learn about Setsubun at <https://www.japan-guide.com/e/e2056.html>
2. Website: <https://nationaldaycalendar.com/fat-tuesday-day-before-ash-wednesday/>
3. Book by Sokyo Ono Shinto: The Kami Way
4. Make a list of active ways in which you can practice your spirituality. Post it in your office or on your refrigerator. Visual reminders help us remember things when life gets chaotic. Let this be your anchor point.

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

OBITUARIES



CAPT Mark Barnett – Life Member

Gaithersburg, Maryland – CAPT Mark Barnett passed away peacefully on the morning of September 26, 2022. Mark was born on March 27, 1932 and grew up in Newark, NJ. After graduating Cum Laude with a Bachelor's Degree in Pharmacy from Rutgers University in 1950, he joined the Public Health Service in the

Radiological Health Unit. He received a Masters of Public Health in Radiation Science from University of Pittsburgh.

Over the following 35 years, Mark developed programs to educate consumers, health professionals, and the industry on minimizing radiation exposure from electronic products. At the Center of Devices and Radiological Health (CDRH), he became the primary contact for the news media, working with senior staff on how to best communicate scientific and technical information.

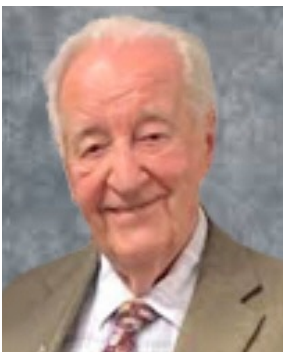
After retiring from USPHS in 1995, Mark worked for another 20 years as a Senior Staff Fellow for the CDRH. Mark's life was filled with a variety of other passions as well, including photography, basketball, and food. Mark's love of jazz endured longest of all, beginning in high school and lasting a lifetime.

Mark is survived by his wife of twelve years, Cathy Oliveri Barnett. He also leaves behind two children, Daniel and Mary Jane Barnett, children of his first wife, Gail Barnett, who died in 2007; and three grandchildren, Lula, Jackie, and Katie.



CAPT Mark Brumbaugh - Life Member

Santa Rosa, CA - Mark Brumbaugh passed away unexpectedly August 8, 2022 at the age of 77. He was born on April 10, 1945. A memorial service was held at the First Congregational UCC Church in Santa Rosa in August.



CAPT Arvo Ederma - Life Member

Mooresville, North Carolina - Dr. Arvo Bruno Ederma, 94, passed away September 23, 2022. He was born May 13, 1928 in Haapsalu, Estonia.

Before immigrating to the U.S. after World War II, he was a war refugee and attended the Baltic University in Exile in Hamburg, Germany. Arvo received a Bachelor's degree from

Rhyne College and a Masters of Public Health from University of North Carolina. He received his Doctor of Medicine in 1957 from the Bowman-Gray School of Medicine in the Wake Forest University. He served for over 33 years in the U.S. Public Health Service and retired at a captain. He worked at Hansen's Disease Center and HHS.

Arvo was also a reservist for the U.S. Coast Guard after retirement. He was a lifelong member of the Estonian Lutheran Church. Arvo always had a love for the beach and his family. Arvo is survived by his sister-in-law; his daughter Karin Erika; his daughter Tiina Inge Naumowicz; his son Erik Arvo Ederma; and grandchildren. Arvo was preceded in death by his beloved wife, Miriam Maris Ederma and his brother Heinz Martin Ederma,



LCDR Robin Ann Jackson Thorne

Roxboro, NC - Robin Ann Jackson Thorne, 52, of Roxboro, NC passed away on September 9, 2022. Robin was born on September 16, 1969 to Charles Swan Jackson, Jr. and Mary Taylor Jackson of Maryland.

Robin was a life-long learner and earned multiple degrees from several

colleges including the University of Delaware and Delaware State University. She was a Lieutenant Commander with the U.S. Public Health Service. She dedicated her life to serving others, working as a child psychologist and social worker at Butner Federal Prison for many years.

Robin loved spending time with her family, friends, and fur babies. She enjoyed going to concerts, motorcycle riding with her husband and friends, and the calm and peace of nature. Robin's smile and laughter were infectious. She had a wonderful sense of humor and a kind and generous heart.

Robin is preceded in death by her grandparents Charles and Grace Jackson, Walter and Molly Taylor; her parents Charles, Jr and Mary Jackson; and nephew Robert Michael Mills.

She is survived by her husband Kenneth Michael Thorne; brother Charles Swan Jackson 3rd and his wife Melissa; brother Timothy Paul Jackson and his wife Leanne; sister-in-law Lisa Thorne Mills; nephews Charles Jackson 4th, Timothy Jackson, Jr; nieces Samantha Jackson, Jennifer Pavolich, Crystal Mills; great nephews Christopher Mills, Jasiah Miller, Donovan Mills, Robert Mills, Jr Alex Pavlovich.; great nieces Aaliyah Mills, Alicia Mills, and Anisha Mills.



CDR Barbara Olaniyan

Suitland, MD - Dr. Barbara Olaniyan was born to the late James Samule Lee and Willie Mae Hall on January 12, 1951 in Winston-Salem, NC. She completed her education at She received her bachelor's degree from Winston-Salem State University and Masters of Social Work from the University of Michigan. She later obtained her Doctorate of Social

Work from Howard University. During her studies she pledged to loyally serve as a Zeta Phi Beta Sorority sister.

She is preceded in death by two sisters Sandra Gail Lawson and Loretta Carol Hall, a nephew; Anthony Jerome Hall, and a niece Rhonda Nichelle Lewis. She is survived by her sons Jonathan Alexander Hall of Ludiowici, Georgia and Ade Tokumbo Olaniyan of Suitland, MD; her sister Willie Elizabeth Wright; and her brother James Samuel Lee Hall Jr. both of Winston-Salem, NC; sister Constance (Connie) Gilmore of Philadelphia, PA; a nephew; a niece; and a host of family, and friends. Dr. Olaniyan was a deacon at the Shepherds House church.



CAPT Leo H. Snyder

Rockville, MD - Captain Leo H. Snyder Leo Harold Snyder passed away on Saturday, August 6, 2022, after a brief illness. Born on September 9, 1934, in Forestville, PA, he is the son of the late C. Monroe and Mary Jamison Snyder. He enlisted in the United States Navy in 1953 and later commissioned as an Ensign. In 1961, he graduated

from Slippery Rock State Teachers College. Leo then received a Masters of Public Health. Leo served in the Naval Reserves until 1967 after receiving an appointment in the United States Public Health Service. Leo retired as a caption in 1992. Over the span of his career, he served in a wide variety of assignments and locations, to include Navajo Reservations in Arizona and New Mexico and played key roles in two major activities of national impact; the Three Mile Island nuclear crisis response and the Cuban refugee program. Leo received personal recognition from C. Everett Coop for being instrumental in his being appointed to a second term as US Surgeon General.

Throughout the course of his life, he was an avid outdoorsman. He is survived by his wife of 59 years, Loretta; daughter Gretchen Rimkus (Mark); brother Paul Snyder; grandsons; and great granddaughter He is preceded in death by his son Joseph Monroe Snyder. Interment at Arlington National Cemetery will be at a later date.

We Welcome New Members of COA, December 1, 2022 - January 31, 2023

LT Tianah Allen, <i>FL</i>	LCDR Alan Fogarty, <i>MN</i>	LT Joseph Nnani, <i>NM</i>
LCDR Jeffrey Allen, <i>MD</i>	LTJG Cyril Forcha, <i>SC</i>	ENS Marissa Patton, <i>NJ</i>
LT Muhammed Altaf, <i>NY</i>	LCDR Megan Gaschk, <i>WA</i>	LT Mallory Scheurer, <i>OK</i>
CDR Karen Axelrod, <i>AZ</i>	LCDR Marc Gentile, <i>MA</i>	CDR D. Setwyn, <i>OK</i>
LT Ayayi Ayaite, <i>GA</i>	LTJG Delia Gilbert, <i>NY</i>	LT Kelly Sharry, <i>OK</i>
LT Sarah Bailey, <i>FL</i>	CDR Samuel Graitcer, <i>GA</i>	LCDR Ann Sohn, <i>HI</i>
LCDR Kassidy Burchett, <i>OK</i>	CAPT Jeffry Hatcher, <i>VA</i>	LT Olayinka, Sotayo, <i>TX</i>
LT April Busch, <i>OK</i>	LT Broden Hazlett, <i>NC</i>	LT Colin Tack, <i>NJ</i>
LT Beau Carter, <i>OK</i>	LT Julie Hines, <i>KY</i>	LT Ashante Thomas, <i>GA</i>
ENS Jacob Christian, <i>UT</i>	LT Brian Holiday, <i>AZ</i>	LT Shawna Truitt, <i>TX</i>
LTJG Marion Clark, <i>OR</i>	LT Oyinlola Kayode, <i>NM</i>	Dr. Temeri Wilder, <i>MD</i>
LT Sade Collins, <i>GA</i>	LCDR Kristopher Kohlbacher, <i>MD</i>	LCDR Michelle Williams, <i>VA</i>
LT MaCullen Cope, <i>TX</i>	LT Derrious Lowe, <i>GA</i>	LT Shannon Yazzie, <i>NM</i>
LCDR Nataniel Cranney, <i>MT</i>	LCDR Brandi Martinez, <i>OR</i>	CDR Ling Ye, <i>MD</i>
LT Shannon Davies, <i>MD</i>	LT Rosemary Nganga, <i>CO</i>	LT Jackline Yembu, <i>NM</i>
LTJG Leighland Feinman, <i>NY</i>	LT Kevin Nguyen, <i>TX</i>	

TRICARE Telemedicine Offers Mental Health Services

by Military Health System Communications Department

Ensuring access to high-quality health care for service members and their families with mental health conditions, such as post-traumatic stress disorder, depression, and substance use disorder, is a high priority for the Defense Health Agency.

Whether a person is dealing with negative emotional effects triggered by traumatic events on the battlefield or concerns such as mild traumatic brain injury, the need to address mental health issues is critical.

TRICARE covers medically and psychologically necessary mental health and substance use disorder care. This includes both inpatient and outpatient care. With the emergence of telemental health – a subset of telemedicine – an efficient and beneficial mode of mental health delivery is available to help TRICARE beneficiaries access mental health care.

Telemental health uses telecommunications and secure videoconferencing technology to expand access to mental health services. These services include clinical assessment, individual and group psychotherapy, psychoeducational interventions, cognitive testing, and general psychiatry, and use live audio and video or audio-only services.

Telemental health providers can help with the following:

- Anxiety
- Depression
- Stress and burnout
- Isolation
- Grief and loss
- Post-Traumatic Stress Disorder
- Substance Use Disorder

TRICARE, the uniformed services health care program, covers both telemedicine and telemental health services. The TRICARE Prime Remote plan is designated in certain areas in the United States to bridge the gaps that prevent individuals from accessing in-person treatment at a military medical treatment facility.

Active-duty service members need a referral before receiving mental health care. However, active-duty family members don't need a referral or authorization to set an online care appointment with a network provider.

To determine if you live in a designated remote location, check your ZIP Code online or call your regional contractor. Your contact for the TRICARE East Region is Humana Military 1-800-444-5445 and the TRICARE West Region is Health Net Federal Services 1-844-866-9378.

TRICARE Prime Remote Overseas is offered in designated remote overseas locations for active-duty service members and command-sponsored family members. Telemedicine services are available in some locations overseas; however, specific licensing and regulatory factors need to be met for care in host nations.

Telemedicine is an essential resource in transforming how individuals receive treatment. Telemental health services seek to help military members, their families, and retirees to take charge of their mental health care and lead a full and meaningful life.

SEED GRANTS from page 26

Tuggle Elementary School was awarded grant funds to target elementary school-age youth's social, emotional, and behavioral needs. The project included the development of two sensory or wellness spaces. Research studies demonstrate that sensory rooms, also referred as wellness spaces, are an essential infrastructure asset in schools to aid in supporting student mental health, especially those that have been diagnosed with pre-existing mental health conditions (e.g. Autism, ADHD, mood disorders).

The Tuggle Elementary School team collaborated with experts from the University of Alabama at Birmingham School of Medicine, Division of Preventative Medicine in the development of the wellness spaces. The outcomes goals included construction of two spaces in the school to serve as the wellness spaces, equipped with evidenced-based sensory tools and equipment that enhances a student's ability to regulate their emotions and behaviors that cause them to dysregulate in the classroom setting;

developing, implementing, and training all school staff/students on an evidenced-based protocol on how students/staff appropriately access and use the wellness space; and increasing parent and community awareness and knowledge of the wellness spaces and how parents can adopt similar practices in their own home.

Birmingham City Schools is now planning to use funding to potentially expand the use of wellness spaces to all 44 schools in the district. It is using the Tuggle Elementary pilot site as an prototype of what that process would look like when scaled up.

The Tuggle Elementary Wellness Space Initiative is just one example of your support at work in the community through the foundation's Barclay-Giel Seed Grant Program.

I look forward to providing future articles that will highlight additional success stories of the program.

VETERANS DAY from page 1

throughout the crowd. It is important to not only remember those who were lost, but also those who continue to serve our nation long after taking off their uniform. To those members of COA who serve on our board and committees and mentor current officers like me, I thank you for all you have done and continue to do for us. I am honored to chair an association with such a selfless membership."

Before the ceremony at Arlington National Cemetery, CDR Purdy attended the Veterans Day breakfast at the White House. President Biden spoke about serving the nation's veterans by calling our commitment to doing so a "sacred obligation" of the American people. President Biden's proclamation for Veterans Day 2022 acknowledged the accomplishments of Veteran Service Organizations, including the PACT Act by saying "That is why I was so proud to sign the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act, or PACT Act." The President continued, "This is the most significant expansion of benefits and services for our veterans in more than 30 years."



CDR Kristie Purdy, Chair of COA's Board of Directors with Second Gentleman Douglas Emhoff, Vice President Kamala Harris, and First Lady Jill Biden at the White House during the Annual White House Veterans Day Breakfast.



CDR Kristie Purdy, COA Chair and RDML Randall Gardner, COF President with COA's wreath just before laying at the Tomb of the Unknown Soldier.



RADM Denise Hinton, Deputy Surgeon General; CAPT Juliette Taylor, DC COA Branch President; CDR Javier Muniz, DC COA Recreation and Networking Committee Liaison; RDML Randall Gardner, COF President; CDR Kristie Purdy, COA Board Chair; LCDR Shamika Brooks, Aide to the Deputy Surgeon General; and LCDR Rudolph Francin, Montgomery County COA President

You Work Where?!

Understanding Correctional Psychology

by LT Anthony T. Powell, Jr., Psy.D., M.S., ABPP

"I bet you have some stories..."

"They're criminals, can't we just lock them up?"

"They aren't crazy, just no good."

"That sounds too dangerous. You aren't scared?"

"Do you have space for my uncle?"

For a Correctional Psychologist, these questions and comments are all too common. Civilians outside the field often wonder why we commit to this type of work, given the dangers and stressors associated with it. The answer is really simple, but before we dive into that, let us define Correctional Psychology (CP). In short, CP is a subfield of psychology, which accounts for the intersection of psychological science and clinical practice in correctional settings. More specifically, we engage in psychotherapy, psychological assessment, mental health intervention, classification, management, and policy/program development in jails and prisons with offenders.

Now that we cleared up the "what," let's get back to the "why." According to Bureau of Justice Statistics (2021), there are approximately two million incarcerated people in the United States. When we account for individuals under community supervision (e.g., probation and parole), the whole system encompasses about 6.3 million (Bureau of Justice Statistics, 2021). As you might expect, this population has the potential to bring with them histories of trauma, substance abuse, educational deficiencies, maladaptive coping and thinking patterns, and a host of other concerns, which may have contributed to their current circumstance. Moreover, many communities lack appropriate access to mental health resources, the potential client lacks insight into their impaired mental health functioning, or the stigma associated with mental health issues deters them from treatment. Thus, the simple answer to "why" is BECAUSE THE WORK NEEDS TO BE DONE. We need to help each other.

As USPHS Officers, we dedicate ourselves to the health and safety of others. We acknowledge the need for services in underserved populations, and we run to the frontlines. Plain and simple. Now, if that was not enough to convince you, we can explore some facts as well.

Research indicates 95% of all individuals incarcerated in the United States have a release date and will likely return to the community (James, 2016). Better stated, the gentlemen

currently on my caseload will be your neighbors at some point in the future. To this end, I always ask my non-clinical co-workers and interested parties in the community, while incarcerated, would you rather:

A) That future neighbor sits in a cell, watches television, and engages in whatever "activities" present themselves in prison?

Or

B) That future neighbor engages in mental health treatment (e.g., anger management, criminal thinking), obtains a GED, and maybe pursues vocational programming?

Respondents ALWAYS endorse the latter, and for obvious reasons. In the community, we acknowledge the importance of education and treatment, but stray away from these same values when viewed in the context of incarceration...unless you personalize the example. Hence, the "neighbor" component. Taking the idea a step further, research has shown cognitive therapy and behavioral (CBT) interventions and programs are effective in reducing recidivism (Golder et al., 2005). Therefore, we know treatment helps returning citizens remain in the community.

At this point, you may be wondering about the purpose of this article, which is two-fold. This piece was largely meant to be educational, given the fact many people do not fully understand or appreciate the need for mental health services in correctional institutions. Additionally, and more importantly, I hope to recruit more USPHS Officers for positions in the Federal Bureau of Prisons. Correctional Psychologists bring a lot to the table in terms of clinical and communication skills, supervisory capacity, management techniques, etc. Furthermore, this population represents a special breed of psychologist as not everyone can do this work. Ultimately, there are many opportunities for us to be leaders and influence institution leadership for continued change in the way corrections operates in the United States, but who will answer the call to duty.

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Serving as a Preceptor at Operation Bushmaster

by CDR Yvon Yeo, PharmD, MPH, CPH, CCHP

Operation Bushmaster is the culmination of the Military Contingency Medicine course, a large-scale deployment simulation to prepare Uniformed Services University (USU) fourth-year medical students and second-year advanced practice nursing students for careers in military medicine.

In October 2022, the Uniformed Services University executed Operation Bushmaster in two iterations. Approximately 180 faculty members convened at Fort Indiantown Gap, PA, to support the medical field practicum that simulates an austere combat deployment held over five days. Faculty members were assigned to either the Oct. 8-12 or Oct. 17-21 iteration, I was in the second iteration assigned to the evening shift with the 4th platoon.

I looked forward to the opportunity to work alongside our sister service members. Faculty members comprised primarily U.S. Air Force, U.S. Navy, and U.S. Army service members; however, there were about 10 Public Health Service officers and a few civilians. I was looking forward to experiencing living in field conditions – eating MREs, utilizing water buffalos and portable latrines, sleeping in open-bay barracks with bunk beds, and using communal showers – it would be a new life experience!

On the first day, the faculty received orientation and training at a warehouse. Faculty members reviewed medical scenarios for the operational and clinical exercises. We had group discussions on Bushmaster assessments, learned how to provide effective and constructive feedback, used tablets to integrate simulation in the full-body patient simulators, networked with other faculty members in their platoons, received safety briefings, and familiarized ourselves with assessment rating cards and rating scales.

The faculty assessed students' leadership performance (character, competence, context, and communication) and ability to provide tactical combat casualty care in an austere, combat environment. There were graded and non-graded positions.

As a pharmacist, I primarily precepted students in the Medical Logistics officer (MEDLOG) positions. The MEDLOG officer is responsible for monitoring and maintaining sufficient Class VIII (medical) supplies for platoon medical operations. The MEDLOG officer works closely with the platoon leadership to ensure medical supply shortages are identified and resupply orders placed in a timely manner. The MEDLOG officer submits Class VIII resupply requests under the direction of the Brigade Medical Supply Officer. The MEDLOG officer is also responsible for the platoon's controlled substances program and maintains accurate controlled substances records. Poker chips were used in place of actual medications: red poker chips represented controlled substances; blue poker chips signified non-controlled injectable medications; and green poker chips were non-controlled oral, topical, ophthalmic, and inhaler medications.

Field-Exercise Observations



CDR Yvon Yeo braving the cold, windy weather on day 1 in the open gravel pit. Faculty members wore white hats to distinguish themselves from students and role-playing patients. In the background are tactical vehicles used to transport students.

First, students would consistently experience medication shortages during the leadership cycles with no certainty on when their resupply requests would be fulfilled. There were 14 leadership cycles during the simulated deployment with each training day consisting of approximately 4 leadership cycles. Initially on day 1, students would walk away from the medication chest empty-handed without giving the patient an alternative medication when they were told a medication had run out. As the days/cycles progressed, the MEDLOG officer learned to recommend alternative medications when medications ran out and conserve medications that were in high demand, avoiding supply shortages. For example, ketamine was frequently requested by the surgeon and would often run out long before resupply requests were fulfilled. Therefore, to conserve the supply of ketamine, the MEDLOG officer would recommend morphine or oxycodone/acetaminophen for pain management, conserving ketamine for general anesthesia.

Second, discrepancies were often found in controlled substances records, which were compounded with a change in MEDLOG officers. To resolve this, MEDLOG officers conducted inventory reconciliations at the beginning of each cycle.

Third, the medical supply Pelican case – stethoscopes, bandages, forceps, etc. – was disorganized. To streamline supplies, the MEDLOG officer took charge of its organization and controlled its access.

Last, the MEDLOG officer was the designated personnel to maintain security of other students' rifles. However, the MEDLOG officer would walk away from his/her station, leaving the weapons unsecured.

Overall, it was a great experience precepting students; I am proud of how well they worked together and showed improvement in their leadership, communication, and organizational skills by leaps and bounds.

EXECUTIVE DIRECTOR from page 1

membership organization, the Commissioned Officers Association, in the upcoming year? Might you join or increase involvement in your local branch? Are you interested in serving on a committee, being a scholarship or grant reviewer, or running for a position on the COA Board of Directors?

Many opportunities exist, specifically:

- Seven openings are available to serve on the COA Board of Directors in the role of Dietitian officer, Field officer, Health Service officer, Medical officer, Nurse officer, Therapist officer, and Retired officer representative. Self-nominations for this opportunity closed on February 6th. Please cast your vote now for the most qualified persons to lead your membership organization.
- Openings exist on all seven COA National Committees (Awards, Communications & Public Relations, Constitution & Bylaws, Legislative Affairs, Local Branch, Outreach, and Retired Officer). To learn more, including how to apply visit the Committees Page on the COA website at <https://coausphs.org/COA/COA/About/Committees.aspx?hkey=ef34a9d4-c125-48e9-8329-fc9fe1e6a2b1>.
- Reviewers are needed to assist with scoring of applications for the Family Member Scholarships, RDML Helena Mishoe "Believe" scholarship, and the RADM Jerrold Michael Fellowship. To find out if your skill set is a good match for our needs, please reach out directly to Lynn Abrahamson, Commissioned Officers Foundation Grants Manager, at labrahamson@coausphs.org.

• Multiple openings may exist at your local branch level, whether it's serving on their board of directors, or various committees or special projects. If you think this opportunity might be right for you, reach out to your local branch president. Unsure of who your local branch president is? You can easily find contact information by clicking on the local branch tab of the COA website. You must be logged in to view the current local branch listings.

• Write a Frontline article or feature story for an upcoming edition. There's no shortage of things that our readers want to hear about. Popular topics are local branch events, community service, mentoring, career development, or USPHS history. Be creative, and don't forget to add a picture or two; pictures always add to the enjoyment of articles and features.

• Consider serving on one of the many 2024 USPHS Scientific & Training Symposium planning committees. One prerequisite is to have attended a meeting, so please keep this opportunity in mind if you think it might be of interest. We will announce the location of the 2024 meeting at the 2023 meeting in Tulsa this May. Applications to serve on the 2024 planning committee will open this summer.

I hope you might find one of these opportunities right for you this year. The best part of my day is when I hear from a COA member. If you have a question or comment or if I can help with anything at all, please reach out at 301-731-9080 or jrychnovsky@coausphs.org. Until next month!

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