

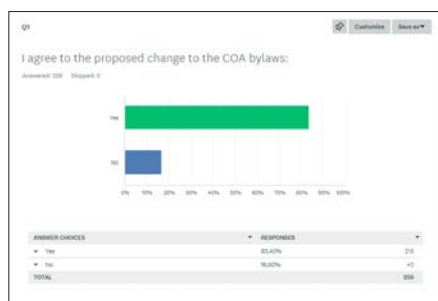
COA Members Vote to Allow Expediated COA Bylaws Changes

by CAPT Christine Merenda, MPH, BSN, RN and CDR Neelam Ghiya, MPH

On March 1st, a proposed change to allow all Commissioned Officers Association (COA) future bylaws changes to be approved by the COA Board of Directors was put forth for member voting and closed on March 31, 2023. COA voting members who agreed to the bylaws change were at 83.4%, clearing the 2/3 majority needed. A total of 259 COA members voted (5.79%).

During a routine review of COA's Governance Policies and Bylaws, COA's law firm suggested an amendment to the bylaws to allow the board of directors to make future bylaws changes. Currently, any proposed change to the bylaws, once approved by a two-third majority of the board of directors during a convened meeting or e-vote, is put to a full membership vote, a slow, lengthy, and burdensome process. Additionally, we learned that most associations have moved to a model which empowers their elected directors of the board to make bylaws changes. Historically, there has never been a change to the bylaws that was approved by the board of directors and then voted down by the membership.

The language from the ballot approved by the COA Board of Directors and COA members read as follows:



Snapshot of members' final votes to allow expediated COA bylaw changes.

"These bylaws may be altered, amended, or changed, or new bylaws may be adopted by a vote of two-thirds majority of the board of directors during a convened meeting or e-vote. Proposals may be submitted by an individual member or member of the board of directors, who shall submit same in writing to the chairperson of the board of directors."

Members retain the right to suggest changes to the bylaws in writing. In addition, the board of directors is committed to transparency and accountability and will communicate all changes to future bylaws through an all-member email, annual COA Business Meeting, and/or posting in the Frontline newsletter ensuring COA members remain informed.

The COA Constitution and Bylaws Committee expects to have additional minor changes to the bylaws which will be discussed at the May 2023 Board of Directors meeting on May 7, 2023.

from the
Executive
Director



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

As a veteran myself, I enjoy receiving the [#VetResources](#) newsletter for veterans, their families, caregivers, and survivors. The April 19th edition included a short video by Navy Veteran James Christie for the feature *SITREP*. In this short clip, he describes the four types of veterans-related identification cards that can be obtained to demonstrate your veterans status: 1) Veteran Health ID card [for those enrolled in VA healthcare]; 2) Department of Defense (DoD)/Uniformed Services identification and privilege card; 3) State driver's license indicating your veteran status in the applicable section; and 4) Veteran ID card, which is separate from the VA healthcare card and can be obtained by anyone who has served.

Christie got two things wrong in this helpful video. First, he referred to the retired ID card as the "DoD" ID. Having just received the newly formatted retired ID card last week, I am happy to tell you that it is not labeled "DoD ID card." The header of the card says, "U.S. Department

see **EXECUTIVE DIRECTOR** on page 19

COA Member Benefits

Capitol Hill Representation

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

Local Representation

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

Newsletter

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

Ribbon

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

Insurance Programs

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

USF Online Programs

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

NYMC Online MPH

50 percent discount for the online MPH and certificate programs

Scholarship Programs

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

The Ohio State University

In-state tuition for graduate nursing and certification programs

CPH Exam Discount

Deep member discount and free study guide for Certified in Public Health (CPH) Exam



Legislative Update The Importance To Fight For The USPHS Ready Reserves

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

The Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law on March 27, 2020 and provided the authority and funding for the establishment of the USPHS Ready Reserve Corps. In Spring of 2021, the USPHS commissioned its first set of ready reserve officers. With this formation, Commissioned Officers Association (COA) elected to expand its Board of Directors to include a representative for the ready reserves, and included advocacy initiatives for the USPHS Ready Reserves so that ready reserve officers are afforded the benefits that other services are provided.

While ready reserve officers make up a critical part the USPHS, they face disparities in benefits compared to their active-duty counterparts. These disparities can include limited access to health care and fewer educational and training opportunities. COA has established that advocating for parity of benefits for the ready reserves is crucial and duly warranted for several reasons.

First and foremost, it is a matter of fairness and respect for the sacrifices and contributions of the USPHS Ready Reserves. These officers volunteer to serve their country and make significant personal sacrifices, often leaving behind families and careers to fulfill their duties. They deserve to receive the same benefits and recognition as reservists in the other uniformed services.

Secondly, ensuring parity of benefits is essential to maintain the readiness and effectiveness of the USPHS Ready Reserves. Members of the ready reserves are often

called upon to serve in critical roles in a call-to-action to serve underserved communities. If these officers do not receive the same level of benefits and support as their armed forces counterparts, it could impact morale, recruitment, retention, and readiness.

Moreover, providing equitable benefits to ready reserve officers can help ensure retention. Some ready reservists may face financial hardships and lack access to quality healthcare, which can make it difficult for them to continue serving. By providing comparable benefits, we can incentivize and retain these valuable officers and ensure that the ready reserves remain a reliable and effective component of the USPHS.

Finally, ensuring parity of benefits for the ready reserves is consistent with broader modernization trends in the USPHS. With the rise of natural disasters and public health emergencies, the USPHS must be able to adapt quickly and leverage the skills and experiences of its personnel across different components. Providing comparable benefits to the ready reserves is an important step towards creating a more seamless and integrated healthcare force.

As the USPHS continues to evolve and adapt to new threats and challenges, it is critical that all components of the USPHS Commissioned Corps receive equitable support and recognition. By advocating for parity of benefits for the ready reserves, we can honor the sacrifices and contributions of these dedicated officers and ensure that the USPHS is prepared to meet the challenges of the future.



May is Mental Health Awareness Month

by LT Christine M. Nappa, LCSW, BCD

Since 1949, individuals, agencies, and organizations across the United States have observed May as Mental Health Awareness Month. It is a time to share information, stories, and resources to educate the public on mental illness, as well as an opportunity to advocate for programs, services, and policies that support people with mental illness and their families.

The National Survey of Drug Use and Health (NSDUH) is conducted annually and released by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides nationally representative data on mental health issues and the use of mental health services among the civilian, noninstitutionalized population aged 12 or older in the United States. In 2021, 5 million (or 20.1%) adolescents aged 12 to 17 had a major depressive episode (MDE) in the past year; only 2 million (or 40.6%) of them received mental health treatment. Among adults aged 18 or older, 57.8 million (or 22.8%) had any mental illness (AMI) and 14.1 million (or 5.5%) had severe mental illness (SMI) in the past year; 26.5 million (or 47.2%) adults with AMI received mental health services and 9.1 million (or 65.4%) of adults with SMI received mental health services. These data shows a staggering number of people do not seek or receive mental health services. Appropriate treatment is critical for helping people with mental illness manage their symptoms, overcome challenges, and lead productive lives.

As U.S. Public Health Service (USPHS) officers, we face challenges that can be stressful, overwhelming, and cause strong emotions that may lead to mental and behavioral health issues if left unmanaged. To feel stress, anxiety, grief, and worry is natural. What's most important is learning healthy ways to cope with these feelings that will make you, those you care about, and the people around you become more resilient. The Centers for Disease Control and Prevention (CDC) provide the following tips for building resilience through healthy coping skills: take care of your body (deep breathing, meditation, exercise, routine health care, eat healthy meals, avoid substance use and tobacco products, and drink alcohol in moderation); make time to unwind by finding activities you enjoy; connect with others by talking to trusted individuals about how you're feeling; connect with your community- or faith-based organizations; and take breaks from watching, reading, and listening to the news, including scrolling on social media.

Building resilience through healthy coping skills and caring for yourself is easier said than done, right? Perhaps find one activity that brings you joy and carve out time every week from your busy schedule to do it. For example, I try to make it to at least one yoga class per week. Yoga, for me, has several benefits including improved relaxation, stress management, strength building, and it just makes me feel good. Above all, pay attention to your feelings. It's okay to ask for help and to seek confidential mental or behavioral health services when needed. Plus, taking care of yourself will better equip you to take care of others.

For more information, resources, and trainings related to mental health and mental health awareness, please visit:

CDC Mental Health: cdc.gov/mentalhealth/index.htm

CDC How Right Now: cdc.gov/howrightnow/index.html

Mental Health America: mhanational.org/mental-health-month

National Alliance on Mental Illness (NAMI): nami.org/NAMI/media/NAMI-Media/PDFs/2023-NAMI-MHM-Partner-Guide.pdf

National Institute of Mental Health (NIMH): nimh.nih.gov

Substance Abuse and Mental Health Services Administration (SAMHSA): samhsa.gov

Corps Care is a comprehensive program that assists USPHS officers with improving readiness and preparedness, building resiliency, and cultivating healthier lives. Corps Care increases awareness of available resources to address physical, behavioral, and spiritual health needs of USPHS officers. Engage them at phscorpsscare@hhs.gov or 240-276-9616.

If you need suicide or mental health-related crisis support, or are worried about someone else, please visit the 988 Suicide & Crisis Lifeline (samhsa.gov/find-help/988). Call or text 988 or chat 988lifeline.org.

Disclaimer: The findings, conclusions, and any opinions shared throughout this article are those of the author. They do not necessarily reflect those of the USPHS Commissioned Corps or the U.S. Department of Health and Human Services (HHS). Reference to any services, resources, or links to third parties does not necessarily constitute or imply its endorsement or recommendation by the USPHS Commissioned Corps or HHS.



#BeThe1To
If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

ASK. KEEP THEM SAFE. BE THERE. HELP THEM CONNECT. FOLLOW UP.

Find out why this can save a life at **www.Bethe1To.com**
If you're struggling, call the Lifeline at **988**

Graphic designed by 988 Suicide and Crisis Lifeline; permission to share provided by bethe1to.com/join.

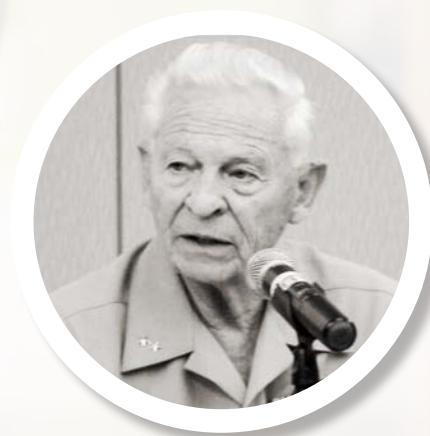
CALL FOR APPLICATIONS: JUNIOR OFFICERS

2023 RADM JERROLD

MICHAEL FELLOWSHIP

HISTORY

The PHS Commissioned Officers Foundation (COF) established the RADM Michael Fellowship to honor the late Rear Admiral Jerrold M. Michael, an engineer officer who was a lifelong advocate for improved public health education. His devotion to the U.S. Public Health Service Commissioned Corps and academia is legendary. RADM Michael was Dean of the University of Hawaii (UH) School of Public Health from 1972 to 1992. He continued as Professor of Public Health until 1995. He later served as Professor Emeritus at UH and as an Adjunct Professor of Global Health at the Milken Institute of Public Health, George Washington University.



ELIGIBILITY

- USPHS Commissioned Corps at the rank of 01-04
- Current dues-paying Commissioned Officers Association (COA) member
- Applied/accepted as a non-degree U of MD School of Public Health student
- Able to begin coursework in August 2023 and complete in 12 months

DEADLINE

The application period will be **March 20, 2023 - May 15, 2023**.
The recipient(s) of the fellowship will be announced in June 2023.

APPLY

Find more information at:

PHSCOF.ORG/SCHOLARSHIPS/RADM-MICHAEL-FELLOWSHIP



Connecting in the Community

Speech Therapy and Music Therapy Pilot an Instrument Bank Program for Service Members at Fort Carson Intrepid Spirit Center

by LCDR Courtney Wood, MEd, CCC-SLP, CBIS, CEEL

As healthcare professionals who foster holistic approaches to help service members experiencing traumatic brain injury (TBI) and post-traumatic stress (PTS) recover and return to duty, Ms. Claire Schad, MT-BC and LCDR Courtney Wood often collaborate on cognitive communication rehabilitation activities at the Fort Carson Intrepid Spirit Center (ISC). Ms. Schad is a board-certified music therapist, employed by Henry M Jackson Foundation for the Advancement of Military Medicine, Inc in support of Creative Forces: NEA Military Healing Arts Network at the Fort Carson ISC. LCDR Wood is a board-certified speech-language pathologist. They work to rehabilitate service members' abilities to use cognitive communication strategies through music, language, and auditory processing. Additionally, they work together on curriculum development for the communication portion of the Intensive Rehabilitation Outpatient Course (IROC), a six-week course provided for service members multiple times per year at the Fort Carson ISC.

As they interacted with service members, Ms. Schad and LCDR Wood observed that some service members were facing barriers to pursuing musical interests and cognitive communication skills outside of the Fort Carson ISC and in the community. Ms. Schad and LCDR Wood saw a need for service members to have access to no-cost musical instruments and materials to foster opportunities for service members to practice music and cognitive communication strategies in the community. They contacted an interested community sponsor, the Zebulon Pike Chapter of the Daughters of the American Revolution (ZP DAR) Regent, Ms. Lynn Baldvins.

As the Regent of the ZP DAR Chapter, Ms. Baldvins coordinates and leads several community activities to support the national DAR Service to America initiative, a movement that encourages DAR members to become involved in community service. A specific ZP DAR group supporting the Service to America plan, Ms. Baldvins wanted to expand is *Project Patriot*. *Project Patriot* is a ZP DAR group that focuses on improving the well-being of service members and their families.

The ZP DAR Project Patriot development for the Fort Carson ISC is the *Instrument Bank*, a pilot program aimed at increasing accessibility of music resources for service members. Together, Ms. Baldvins, Ms. Schad, and LCDR Wood worked to create a standard operating procedure (SOP) for the ZP DAR members to donate used instruments and musical materials to Fort Carson ISC. Ms. Schad and LCDR Wood identify and distribute musical instruments or materials at no cost to service members who have shared an interest in music and a need for assistance.

On Saturday, December 9, 2022, Ms. Baldvins invited Ms. Schad and LCDR Wood to present their work on the Fort Carson ISC *Instrument Bank* to the ZP DAR members as an innovative way to



The Zebulon Pike Chapter of the Daughter of the American Revolution, Ms. Lynn Baldvins (left), USPHS Speech-Language Pathologist, LCDR Courtney Wood (center), and Music Therapist, Ms. Claire Schad (right), have collaborated to start an Instrument Bank for the Fort Carson Intrepid Spirit Center in 2023.

augment the *Project Patriot* initiative. By supporting service members and their families with access to musical materials and instruments at no cost, the DAR members reduce barriers service members face when pursuing music and cognitive communication strategies in the community.

The ZP DAR members showed enthusiastic support for this new and groundbreaking way to foster the *Project Patriot* plan. In January 2023, the first donations of musical instruments and materials were received and cataloged- two bass guitars, one guitar, and one keyboard. The impact these musical instruments have on service members' abilities to continue with treatment outside of the clinical setting is profound. One service member shared upon receiving a donated bass guitar, "This bass has changed my life. I am so thankful that someone wanted to gift me this beautiful instrument so I can continue in my treatment. I hope I can pay it forward someday as I grow in my musical career. I feel like a real rockstar now! Thank you from the bottom of my heart."

Ms. Schad and LCDR Wood hope to grow the Fort Carson ISC Instrument Bank and use it as a no-cost model for community members to support holistic wellness for service members at other ISCs across the nation.

Unlock Your Professional Potential with Free & Low-Cost Continuing Education Opportunities

by LCDR Tchernavia Gregory, MPH, FAC-COR II, LT Jeffrey Walker, MPH, CHES, and LT Latoya Jacobs-Kibble, MPH, DHA

It can be challenging to stay current with your field's latest trends and developments when you are already busy with work, collateral duties, and other commitments.

Given the wide range of skills and experience of officers from various disciplines serving in the USPHS Commissioned Corps, continuing education opportunities are routinely pursued and completed to reinforce old skills and acquire new skills. With continuing education, you can easily access educational experiences that will help you develop or enrich your knowledge and competencies related to your professional occupation.

USPHS officers are constantly looking for accessible ways to stay updated with the latest skills and knowledge in their field. In the ever-changing landscape of public health, finding interesting and comprehensive continuing education opportunities can take time and effort.

The Public Health Professional Advisory Group (PHPAG) is one of many Professional Advisory Groups within the USPHS Commissioned Corps that identifies and promotes educational and professional licensure opportunities for USPHS officers to remain highly trained.

The PHPAG [Free or Low-Cost CHES®/MCHES® Continuing Education Opportunities](#) resource is an example of USPHS promoting the spirit of continuing professional development and lifelong learning among USPHS officers.

The Free or Low-Cost CHES®/MCHES® Continuing Education Opportunities resource is an easy way to take advantage of courses, conferences, seminars, workshops, and more to stay ahead of the competition!

The Free or Low-Cost CHES®/MCHES® Continuing Education Opportunities resource is a living document. The Health Promotion Health Education (HPHE) team welcomes your input and ideas for future continuing education topics. Please send ideas to LT Jeffrey Walker at khz2@cdc.gov and LT Latoya Jacobs-Kibble at latoya.s.jacobs-kibble@ice.dhs.gov.

APPLICATION OPEN NOW

JOIN A COA COMMITTEE!

Openings exist on the Awards, Communications & PR, Constitution & Bylaws, Legislative Affairs, Outreach, and Retired Officers Committees beginning July 1.

DEADLINE MAY 31, 2023

<https://www.surveymonkey.com/r/2023COAcommittees>

CALL FOR APPLICATIONS: High School Seniors

2023 RDML MISHOE DIVERSITY "BELIEVE" SCHOLARSHIP

HISTORY

The scholarship is named after **Helena O. Mishoe, PhD, MPH**, retired Rear Admiral of the Commissioned Corps of the U.S. Public Health Service. This "Believe" Scholarship inspires students to be scholars, serve their community, and achieve their dreams. It also continues RDML Mishoe's legacy as a believer in the dreams of those who have demonstrated tremendous resiliency in overcoming challenges, and who will become visionary change-makers achieving great things to make our world a better place for all.



ELIGIBILITY

- High school senior with a GPA equal to or greater than 3.0
- Two letters of recommendation
- Personal statement of 500 words or less
- Extracurricular involvement and community service
- Applied/accepted into an accredited college or university for Fall 2023
- Pursuing a degree in the sciences or a health-related field
- U.S. citizen or permanent resident

NOTE: The scholarship is for students from underrepresented populations in the health sciences and research, or health-related disciplines (such as racial and ethnic minority groups, rural areas, first generation college students, and individuals with disabilities).

DEADLINE

The application period is **March 27, 2023 - May 19, 2023**. The recipient(s) of the scholarship will be announced in June 2023.

APPLY

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



The 23rd National Hepatitis Awareness Month: What's Happening and How to Get Involved

by LTJG Leighland Feinman, PhD

In May this year, we have an opportunity to reflect on how far we have progressed in the treatment of hepatitis since the first direct therapeutic options began to appear in the 1980s. Hepatitis Awareness Month in 2023 comes in an era when we can finally contemplate eradication of at least one cause of hepatitis, as well as treatments for others that have, in the past, evaded medical intervention.

Hepatitis Awareness Month was first established by the Centers for Disease Control and Prevention (CDC) in 2001. In 2023, CDC has created an online repository of resources, found at <https://www.cdc.gov/hepatitis/awareness/HepatitisAwarenessMonth.htm>, which health leaders and providers can use to spread the word.

Since Hepatitis Awareness Month was created, the medicines, equipment, and techniques available to treat hepatic diseases has transformed entirely. Cure rates for hepatitis C virus approach 100% with the latest antiviral therapies and research into reliable functional cure therapies for hepatitis B continues to expand.

The World Health Organization (WHO) has set a goal of elimination of these two viral diseases by 2030. Additionally, President Biden's FY 2024 budget proposes an aggressive 5-year program to move the U.S. towards hepatitis C elimination. At last year's American Association for the Study of Liver Disease "The Liver Meeting"

conference in Washington, DC, former NIH Director and current Special Advisor to the President, Dr. Francis Collins conducted a networking session outlining these plans and inviting leading U.S. hepatology experts to get involved.

There are, of course, other types of hepatitis than those caused by viruses. These include bacterial, alcohol-related, and steatohepatitis. Research continues to advance in these areas, as well.

One common thread across all causes of hepatitis, however, is that there are continual gaps in disease awareness. Liver inflammation is often thought of as a "silent" disease, normally with minimal symptoms in patients who have not yet advanced to the most serious levels of liver damage. Many patients with hepatitis live for years entirely unaware of their disease and unprepared for its effects. Yet, to be treated with these new tools, awareness of disease is essential. Hepatitis Awareness Month is a vital effort in changing this situation.

The resources provided by the CDC at the above website are intended to assist providers and public health leaders, such as USPHS Commissioned Corps officers, with driving awareness of hepatitis among their patients and communities. These resources include posters, fact sheets, patient and provider educational materials, and social media post templates. Additionally, the

see **HEPATITIS** continued on page 10

OBITUARIES



CAPT Phillip Nelson - Life Member

Albert Lea, MN - Phillip G. Nelson, MD, PhD died of natural causes on April 22,

2021 at the age of 89. He was a longtime researcher for brain development at the National Institutes of Health (NIH).

Phillip was born on December 3, 1931 in Albert Lea, MN to Conrad A. Nelson and Calla Gillard Nelson. He spent his boyhood in western South Dakota in or near Indian reservations, where his father worked as an agent for the Bureau of Indian Affairs. In 1949, Phillip enrolled at the University of Minnesota where, a year later, he met the love of his life, Karin. The two migrated together to the University of Chicago, where both completed

medical school and Phillip earned a PhD in neurophysiology. They were married in 1955.

Phillip began a career in the intramural program at NIH in Bethesda, MD, where he would eventually become Chief of the Laboratory of Developmental Neurobiology. Much of his research focused on understanding how experience shapes the development of the nervous system and how synapses function. He contributed to many significant advances in the fields of neurophysiology and cell culture biology, publishing more than 200 papers in peer-reviewed journals.

Phillip was a voracious reader of history, philosophy, and literature. He expressed himself in poetry and through countless handmade labors of love. He generated wood and/or leather projects, inscribed with India ink.

Phillip is survived by Karin Dermansly Becker Nelson, MD, his wife of 66 years; children Sarah Elizabeth Nelson Hammack (Thomas), Rebecca Judith Nelson (Jonathan Miller), Jennifer Becker Nelson Walker (Arthur), and Peter Tobias Nelson (Deborah); brother; brother-in-law; and grandchildren.



CAPT Richard J. Van Tuinen - Life member

Longmont, CO - Richard passed away on March 25, 2022.

He was born in

Bozeman, Montana on March 16, 1932 to Richard and Jennie (Postma) VanTuinen. He attended Montana State University in Bozeman. In college, he worked at Yellowstone National Park as a ranger.

see **OBITUARIES** continued on page 15

Protect the Skin You're In



CDC tips on how to protect yourself from the sun.

by LT Christine M. Nappa, LCSW, BCD

Skin cancer is the most diagnosed type of cancer in the United States, yet most cases are preventable, according to the National Institutes of Health (NIH) National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). May is National Skin Cancer Awareness Month, and as someone whose family has been directly impacted by skin cancer, I'd like to share some facts about skin cancer and tips for keeping you and your loved ones sun-safe.

My family's most devastating encounter with skin cancer occurred when my paternal grandmother was diagnosed with Merkel cell carcinoma, a very rare form of skin cancer that grows rapidly and metastasizes at an early stage, a factor that significantly impacts prognosis and treatment options. She passed away in 1993 after a 5-year battle. Then, both of my parents were diagnosed with melanoma just a few years apart from each other. Due to early detection and regular skin checks, they were both treated and cured. My dad has also had several instances of squamous cell carcinoma, all

of which were treated successfully. Skin protection is essential in our family.

According to the CDC, most cases of skin cancer are caused by overexposure to ultraviolet (UV) rays from the sun, tanning beds, and sunlamps. UV rays can damage skin cells, which can then cause sunburn. The UV damage adds up and leads to textural changes in the skin, premature skin aging, and even skin cancer. Nearly 5 million people are treated for skin cancer every year in the United States, and the rates of skin cancer increase each year. Anyone is susceptible to skin cancer, but certain characteristics are considered risk factors. These risk factors, according to the CDC, include: a lighter natural skin color; skin that burns, freckles, reddens easily, or becomes painful in the sun; blue or green eyes; blond or red hair; certain types of moles; family history or personal history of skin cancer; and older age.

Sun protection is critical year-round, regardless of how warm or sunny it is outside, as UV rays can penetrate the skin even on cool, cloudy days. When spending time outdoors, CDC recommends the following sun safety tips: stay in the shade

as much as possible, whether under a tree, umbrella, or other shelter; wear clothing that covers your arms and legs; wear a wide-brimmed hat that shades your face, ears, and back of your neck; wear sunglasses that block both UVA and UVB rays for the strongest eye protection; and apply sunscreen with a sun protection factor (SPF) of 15 or higher (I prefer SPF 50+), reapplying every two hours or after swimming, sweating, or toweling off.

Lower your chance of getting skin cancer by adhering to the sun safety tips provided, performing routine individual skin checks for changes on your skin such as a new growth, a sore that doesn't heal, or a change in a mole, and consulting with a dermatologist as needed or as recommended by a physician or Advanced Practice Provider. And enjoy a summer full of outdoor activities!

Find more skin cancer facts and sun protection tips through the following NIH and CDC websites:

cancer.gov/types/skin

cdc.gov/cancer/dcp/resources/features/skincancer/index.htm

May is Better Hearing and Speech Month

Fun Facts about Speech Language Pathology Services

by LCDR Carla Chase, CCC-SLPD and LT Gernise Dixon, MHS, CCC-SLP

According to the American Speech-Language-Hearing Association (ASHA) Speech-language pathologists, also called SLPs, are experts in communication.

SLPs work with individuals of all ages, from newborns to adults, evaluating and treating many types of communication, cognitive-linguistic, and swallowing deficits. They work in acute care hospital, rehabilitation, and outpatient settings, as well as in schools or private practices, to perform critical services in daily functioning and long-term recovery with patients with developmental or neurological impairments. An SLP might assist people after a stroke, traumatic brain injury, or other neurological impairment learn to speak again, perform a video fluoroscopic swallow study, train swallowing exercises, or diet modifications for someone with dysphagia. They also manage the development of an alternative communication method for those who cannot communicate verbally. SLPs are an integral part of the educational system and medical teams as they collaborate with school officials and health care providers, educate patients and their families or caregivers, and help patients reach their maximum level of function through target interventions. SLPs are passionate about assisting others and specialize in multiple areas, including:

Speech sounds—how we say sounds and put sounds together into words. These problems are known as articulation or phonological disorders, apraxia of speech, or dysarthria.

Language—how well we understand what we hear or read and how we use words to tell others what we are thinking. For adults, this problem may be called aphasia and for children, these are called receptive and expressive language deficits.

Literacy—how well we read and write. People with speech and language disorders may also have developmental or acquired trouble reading (dyslexia) or spelling and writing (dysgraphia).

Social communication—how well we follow rules, like taking turns, how to talk to different people, making eye contact, having appropriate volume in certain settings, or how close to stand to someone when talking. This is also called *pragmatics*.

Voice—how our voices sound. We may sound hoarse, lose our voices easily, talk too loudly or through our noses, or be unable to make sounds (aphonia). Vocal fold dysfunction can impact one's voice.

Fluency—called *stuttering*, is how well speech flows. Someone who stutters may repeat sounds, like t-t-t-table, use “um” or “uh,” or pause a lot when talking. Many young children will go through a time when they stutter, some grow out of it, but some require adequate intervention. Adults with neurogenic deficits may experience dysfluency, as well.

Cognitive-communication—how well our minds work. Difficulties may involve memory, attention, problem solving, organization, and other meta-cognitive skills after an acquired neurological event.

Feeding and swallowing—how well we suck, chew, and swallow food and liquid. A swallowing disorder may lead to poor nutrition or hydration, weight loss, aspiration, and other health problems. This is also called *dysphagia*.

Currently there are USPHS officer SLPs working in clinical and administrative roles in Indian Health Service (IHS), Department of Defense (DoD), Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Health Resources and Services Administration (HRSA), National Institutes of Health (NIH), Administration for Strategic Preparedness and Response, US Department of Health & Human Services, ASPR/HHS, and the OASH (Office of the Assistant Secretary for Health/HHS). SLPs in the clinical setting generally treat 6-7 patients per day bringing excellent care to those they serve. SLPs in administrative roles write policies, guidelines, and education materials to inform the public of the needs and services for this population. Thank you all for your service and the value that you bring to the healthcare field and public health teams. We would also like to give a shout out to the audiologists in the USPHS who help prevent, diagnose, and treat hearing and balance disorders so that people may enjoy quality of life. We salute you in May and every month for your contributions.

Adopted from: <https://www.asha.org/public/Who-Are-Speech-Language-Pathologists/>

HEPATITIS from page 8

CDC has created two testing-focused initiatives; Hepatitis Testing Day (May 19th) and <https://gettested.cdc.gov>, where providers can register their testing sites to be available publicly.

Despite tremendous advances in treatment options for various types of

hepatitis, the continued need for access to care and awareness of disease continues to be a central obstacle in public health work against liver disease. With Hepatitis Awareness Month, there is an opportunity for our community to advance efforts against these challenges.

Note: LTJG Feinman, an officer in the Reserve Commissioned Corps, is a Medical Director at Intercept Pharmaceuticals, Inc., a biopharmaceutical company focused on the development and commercialization of novel therapeutics to treat progressive non-viral liver diseases.



A Bright Future for COF

by RDML Steve Solomon, USPHS (Retired), Immediate Past President, PHS Commissioned Officers Foundation

In June, I will be completing the final year of my last term on the board of trustees of the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF). When I was invited to join the board in 2016, I embraced that opportunity without hesitation. I had retired from 37 years of government service, 30 of which as a member of the USPHS Commissioned Corps. I immediately saw a chance to continue to be active in public health and, more importantly, to be part of an organization whose sole purpose is to support the USPHS and its officers in their mission to “protect, promote, and advance the health and safety of the nation.”

A lot has changed. The years since have been, I believe, among the most consequential in the history of public health. Ebola, Zika, the opioid epidemic, worsening chronic disease metrics, antibiotic-resistant superbugs, and other problems often put health issues at the front of every news feed even before COVID. But the pandemic added a glossary of epidemiologic and virologic terms to everyone's vocabulary and shone a blazing light on the American public health system, giving rise to high praise and harsh criticism.

We're living in the aftermath of the pandemic, and the final chapter in the story of how COVID changed public health in America may not be written for some time. Those of us who have devoted our careers to public health always recognized the inherently political part of a governmental activity that acts on behalf of, and with respect for, the needs and wants of the entire population. But to the astonishment and dismay of so many of us, the recent politics of public health has, at too many times and in too many places, devolved from an awareness of civics to raw partisanship.

Through this time of change and upheaval, the officers of the USPHS Commissioned Corps have continued their dedicated service without pause. As the world of public health has changed, COF has had to change to best support those officers. Our Trustees and our staff have increased our commitment to the USPHS and its officers in the belief that the cure for an overextended, underfunded, and politically imperiled

public health system is through the leadership of the only national uniformed public health service in the world.

To make the Corps as well-known as every other U.S. uniformed service, we raised funds from over 500 active-duty and retired officers, their families, and friends, to fund the production of a one-hour documentary on the past, present, and future of the USPHS Commissioned Corps for broadcast by the Public Broadcasting System (PBS). After postponing the USPHS Annual Scientific Symposium for two COVID-dominated years, we returned with the 55th annual symposium in 2022 and are looking forward to the 2023 symposium with the premiere of the documentary and announcements of new projects and initiatives in support of the USPHS.

COF has committed to new rounds of fund-raising to support officer training and educational opportunities for officers' families. We plan to expand our program of seed grants to non-governmental organizations addressing the Surgeon General's health priorities and our scholarships to students from medically underserved populations to encourage their interest in the Public Health Service. There is much more, and you will continue to read about it in *Frontline* and on our website.

COF is as vibrant, energetic, and forward-looking today as it has been at any time in its history. As I leave the board of trustees, I'm reflecting on the camaraderie, the friendship, and the tremendous dedication of all the board members I have been honored to serve with. Their passion for the USPHS has inspired me every day.

Any words of praise I could offer would be inadequate to appropriately thank the wonderful staff of the foundation whose loyalty and commitment is the true foundation for COF's accomplishments. To get to know each of them, to be able to rely on them, to trust in their judgement, and to receive their encouragement has been a privilege that I will always cherish.

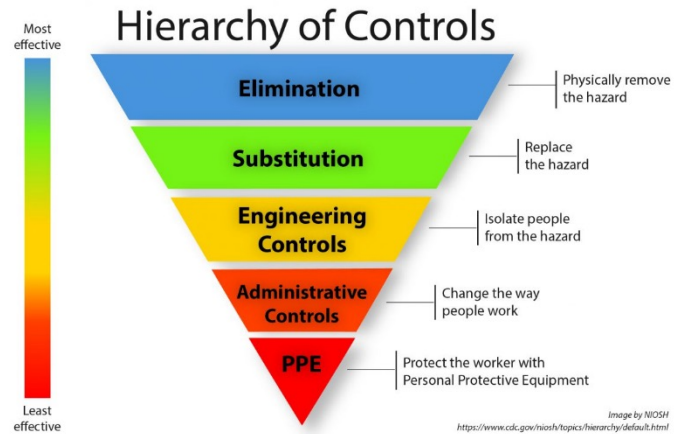
My regret at leaving COF is exceeded only by my confidence that the foundation, under the leadership of the board and the staff, will have its greatest success in the years to come.

by LCDR James Gooch

In May of this year, the Federal Public Health Emergency for COVID-19 will end. And while we know this isn't necessarily the end of COVID-19, it does represent a major milestone for our country. In fact, it is a fitting backdrop as we meet for the annual Symposium in Tulsa, Oklahoma just prior to the end of the emergency. Most of my focus on this gathering has been with great anticipation of the premiere of the new documentary *Invisible Corps: In officio Salutis*. I am certain this project is going to offer an opportunity to appreciate where we have been as a service. My hope is that the documentary will also compel us to collectively look at our future.

And hope is very much where my heart is right now. The last few years have been hard. It is clear the pandemic has changed us. Data from the 2021 American Community Survey confirms this change was major for most of American society: commuting changed drastically; the housing market continued to tighten; and older Americans were hit disproportionately hard by the pandemic. There are also deep impacts to many communities - those that are often immeasurable like structural intersectional vulnerabilities. For me, personally, I have been insulated from some of the societal impacts. However, I'm still coming to terms with the pandemic. I burned out in 2021. I knew it was coming, as did others. Friends and mentors conducted buddy checks- even called me out on the unsustainable and unrelenting pace. I vaguely recall acknowledging the caution while continuing to pursue the self-destruction that I called my job. I had to give it my all, surely, no? This was clearly my role as an officer assigned to a small territorial health department. However, after 18 months straight, I could no longer function, and my efforts came at a cost. I had sacrificed my other important roles - father, husband, son, brother, colleague, and friend. I was disconnected from communities. I was a shell of a human being. One day in 2021, I found myself staring at a literal (and metaphoric) wall. I was done. Thankfully, I had wonderful family. Professionally, my colleagues and supervisor afforded me space and solace I so desperately needed. I'm grateful for the privilege of that support. It took me a full month of annual leave to start healing. It has been a slow, steady, and intentional process of reemergence. It's been hard. In fact, the hardest thing I ever done. I am still doing it. And I'm not alone in this endeavor.

Over the last few years, I have heard many similar stories from officers and public health colleagues at all levels. We have trauma bonded over the shared and lived experience of COVID-19. The 2022 Symposium was a testament for me. Most recently, at the Public Health Preparedness Summit in Atlanta, GA this past April, I was able to acknowledge and process the experience further. However, at this event, I experienced a major shift in my thinking. This isn't unusual for me. The conference serves as a community of practice for the over 5,000 workers nationwide. As you might imagine, the last two years of



conferences have provided a wealth of insight and knowledge sharing from the pandemic. And while these presentations have rightfully focused on staff resilience to help alleviate the collective trauma, few have been so forwarding for me like Commander Sarah Vagi's presentation this year.

CDR Vagi offered a presentation related to staff resilience that reframed my understanding of workforce protection. She started by framing the problem with data - a June 2022 CDC Morbidity and Mortality Weekly Report (MMWR) which indicated over 50% of U.S. public health workers responding to a survey during the COVID-19 pandemic experienced symptoms of at least one adverse mental health condition - a truly alarming statistic. The report also highlighted a need to address work practices that contribute to stress and trauma. This focus on "work practices" really resonated with me. For too long, I have felt gaslighted by the hyper focus on staff resilience. It felt like a hollow form of victim blaming with the sole focus on the individual, and not any acknowledgment for the systems and structures that enabled exposure to stress in the first place. CDR Vagi's reframing of burnout in the context of personal AND organizational management demonstrated a shared relationship for an effective workforce strategy. CDR Vagi went on to propose a reframing of the Hierarchy of Controls as framework for resilient systems that evaluates organizational interventions for reducing the exposure to hazards of stress and burnout. No doubt, most of us are familiar with the Hierarchy of Controls. Its ubiquitous as a way of controlling exposures to chemical and biological hazards in the workforce using five levels of actions to lower and reduce risk of injury or illness. As an Environmental Health Officer (EHO), this reframing of a familiar safety paradigm truly shifted my perspective on resilience. Starting at the bottom, (personal protective equipment) PPE and personal protection is the least effective and last option of control. However, this area is exactly where a majority focus on personal resilience continues

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to be emphasized in practice. Everything above PPE reflects larger workforce and organizational strategies to reduce exposures. Whether it be administrative controls in the form of restricting access (e.g. no meetings after 5pm, “no meeting Mondays”) or engineering controls (e.g. staff rotation and leave), these efforts reflect that larger investment leadership can willfully make to prevent exposure to stress and mental fatigue in the first place. Additionally, adding the first layers of control in substitution and elimination gets to the root causes of protecting workers because no exposure can occur. While that may not always be an option in our work, it is the most effective control.

Seeing this framing of the hierarchy in the context of mental/behavioral health exposure has shaken my world. It has given me hope in the

form of a practice and language that I can use in my field. It is an example of how we can innovate the tried-and-true approaches to public health with renewed conversations. Credit to CDR Vagi (and others) for pushing this field. I challenge others to keep pushing and sharing – both within USPHS and the larger field of our work. I challenge the leaders in our ranks to prioritize the workforce protection as a practice within our teams, agencies, and deployments. We must strengthen resilience and promote well-being in the workforce – but it has to come from the organization and individual at all levels of government. After all, protecting our workforce is the greatest investment in ensuring the health security of the nation.

Community Engagement Opportunities for USPHS Officers:

Bullis School Experiential Learning Trip to Costa Rica

by CAPT Esan O. Simon, MD, MBA, FS, USPHS, U.S. Coast Guard Headquarter-Personnel Service Center, Chief, Medical Evaluation Section

USPHS officers possess a wealth of training, experience, and technical expertise that may be applied to a variety of settings outside of the work environment. With the U.S. Coast Guard's support of members engaging in various community activities (<https://www.uscg.mil/community/>) and educational initiatives, such as the Partnership in Education Program, collaborative endeavors with schools can be enriching and rewarding experiences for officers and those educational institutions.

Bullis School (<https://www.bullis.org>), a co-ed, independent school in Potomac, MD, for grades K-12, initiated an experiential learning program in which each middle school class traveled to a destination that connects to their grade level's curriculum. The 8th grade visited Costa Rica from March 18-24, 2023, where they were immersed in Costa Rican history and culture, tying their experiences into what they had learned about the region in the weeks and months prior to the trip. With core values of being a caring, challenging community that prepares students to be impactful global citizens, Bullis aimed to inspire students to connect with the people and places they visited to gain a richer understanding of the country. Seventy-three students and 10 chaperones explored multiple locations in Costa Rica including San José, La Fortuna, and the Central Pacific Coast. With the offer to accompany students as a chaperone extended only to parents of the Bullis community who are physicians, USPHS Physician CAPT Esan Simon was approved by the Coast Guard and Bullis leadership to participate in the Costa Rica experience to provide medical



Students from Bullis School visit Costa Rica in March 2023.

consultation and medical logistical support.

Multiple stops throughout the country afforded the opportunity for education, team-building, and cross-cultural exchange. On a visit to La Chimba coffee farm, the group learned how coffee plants are grown, picked, and sold and why coffee is vital to the Costa Rican economy. The Bullis team also tasted local dishes such as plantains, rice, and beans and learned about the importance of pineapple exports for Costa Rica. Students saw native animals such as albino peacocks, scarlet macaws, sloths, and other exotic birds. A dedicated trip to the Asis Wildlife Refuge Center provided additional formal education on various aspects of the beautiful Costa Rican habitat.

A true delight for all teachers and students was the unscheduled opportunity to visit the local school Escuela Zeta 13, where Bullis students toured multiple

classrooms, met local students, and had conversations with Costa Rican students who are studying English. The experience enhanced the English-learning experience for the Escuela Zeta 13 students while helping Bullis students sharpen their Spanish skills.

The experiential learning trip to Costa Rica was a wonderful adventure for all involved and a fruitful collaborative effort between Bullis School, the USPHS, and U.S. Coast Guard. While not an exhaustive list, a few considerations for USPHS officers who may participate in similar activities are listed below:

- Agency approval - Follow the approval process of your agency.
- Enroll in Smart Traveler Enrollment Program (STEPs) - for international travel. Visit the State Department's notification system at step.state.gov/ for more info.

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- School nurse coordination - Meeting and speaking with the school nurse on multiple occasions prior to the trip to discuss medical logistical consideration is immensely valuable.
- Medication in carry-on luggage - Pack medications in your carry-on to avoid the potential for lost medications if they were placed in the luggage stowed in cargo hold.
- Food allergy list - Bring a few copies of a list of food allergies for meal preparation.

Punta Leona, Costa Rica Pool Chaperones during a beautiful sunset.



OBITUARIES from page 8

After Richard graduated from college, he served for two years in the Army medical field during the Korean War. After completion of his Army service, he and Marlene married on August 30, 1958.

They moved to Rochester, New York where Richard began working for the United States Public Health Service (USPHS). The USPHS took them to Virginia, Michigan, and Cincinnati, where they raised their family and Richard worked at University Hospital in Radiological Services.

After retiring, Richard and Marlene came back to Longmont, Colorado and enjoyed proximity to the mountains and visits with

extended family. In his free time, he spent morning hours working on various gardening tasks. The family camped in the summers at national parks. Vacations consisted of yearly visits out west to visit extended family, and to experience and enjoy the mountains. Richard was a man of integrity who lived his faith in the Lord Jesus Christ and passed on a heritage of enjoyment and awe of God's creation.

Richard was preceded in death by his wife in 2020. He is survived by his children, Rich (Sonya) VanTuinen and Janet (Jeff) McKinley, sister-in-law Lorchia Scott, seven grandchildren, and several great grandchildren.

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VA Announces Edith Nourse Rogers STEM Scholarship

by CAPT (Ret) Alan Echt, Legislative Affairs Committee

Section 111 of Public Law 115-48 added new Section 3320 to title 38, U.S.C. 3320 authorizes VA to administer the Edith Nourse Rogers Science Technology Engineering Math (STEM) Scholarship Program. The Edith Nourse Rogers Scholarship allows eligible Veterans using the Post-9/11 GI Bill or dependents using the Fry Scholarship to get added benefits. This scholarship provides up to nine months (or \$30,000) of benefits for training in high-demand fields. Find out if you're eligible and how to apply here: <https://www.va.gov/education/other-va-education-benefits/stem-scholarship/>.

A Red Cross volunteer during the First World War, Edith Nourse Rogers led efforts to care for disabled veterans during the Harding, Coolidge, and Hoover administrations. She was elected to the 69th Congress in 1925 to complete her late husband's unfinished term and went on to win 17 more elections, becoming the longest-serving woman in the history of the House of Representatives until she was surpassed in 2012 by Representative Barbara Mikulski. Congresswoman Rogers introduced legislation to establish the Women's Army Auxiliary Corps at the outset of the Second World War and drafted a major portion of the G.I. Bill of Rights. She also supported equal pay for equal work, opposed child labor, and backed the 48-hour work week for women.



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Spiritual Wellness

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

The Power of Strong Convictions

Has anyone ever said this to you? I hear this all the time in ministry. It is a comfort, to most people, to hear that someone is sending good thoughts their way, even if they themselves don't share the same spiritual convictions.

Looking at the religious observances for May, I saw that the National Day of Prayer will be on Thursday, May 4, 2023. The history of the National Day of Prayer began in 1952 when evangelist Billy Graham was part of a movement that urged President Harry S. Truman and Congress to proclaim a National Day of Prayer. The day was not signed into law until 1988 by President Ronald Reagan. Some objected to this law, calling it unconstitutional. As a response, the National Day of Reason was established in 2003 to coincide on the same day as the National Day of Prayer. Sounds like conflict, right? Well, there are two sides to every coin and the point was that some Americans had different convictions, and they wanted space to observe those.

Many people have been martyred over the centuries because their convictions differed from others. In fact, followers of Sikhism will recognize the death of Guru Arjan Dev on May 30, 1606. Guru Arjan Dev refused to change verses in his holy text. He was made to sit on a big hot ferrous bread-baking plate, and red-hot burning sand from a furnace was poured on his bare body before he was taken to the river for bath where he mysteriously disappeared. Talk about strong convictions!

What I would like to offer in this article is that we are all unique individuals, and how we develop our spiritual convictions is intensely personal to everyone. Even within religious denominations or categories, there are divisions on how to interpret things spiritually. Churches have split over things as small as the color of the carpet and as large as who is allowed to serve in the church. Regardless of your convictions, we are blessed to have the freedom to express our unique spirituality and follow our convictions. Wouldn't it be nice if on May 4th both groups could sit down together and share a sandwich? I would love to see that.

As officers, we all have our own convictions. They are part of our total wellness. Sharing them in a healthy way to our coworkers and friends can be a great opportunity to get to know someone. May we all practice sharing our convictions in healthy and considerate ways. You are all in my thoughts and prayers.



Education: Ek-Onkar

A Sikh prayer meant to be meditated upon or chanted to invoke a divine blessing. Ek means one, and Onkar stands for the Primal mystical Divine Name of God referred to as Brahma in the Vedic literature.

Spiritual Exercises

1. Article: https://avinityseniorliving.org/Blog/Prayer-Strengthens-Your-Brain?gclid=EAlaIqobChMlh6nXtvmQ_gIVhLXICh2YXQ9NEAAYAAEgLk9fD_BwE
2. Website: <https://www.sikhs.org/art1.htm>
3. Ask a friend to tell you about their convictions. Listen and appreciate their uniqueness.

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



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EXECUTIVE DIRECTOR from page 1
of Defense/Uniformed Services.” It is high time we stopped referring to this as a DoD ID card. Although this may sound small, it is one more step toward the use of inclusive language for all members of the uniformed services. The second thing that Christie got wrong was the oversimplification of receiving a veteran designation on your state driver’s license. Some states do not allow USPHS officers to obtain this designation on their driver’s license because the applicable state law uses the words “armed forces,” excluding USPHS and National Oceanic and Atmospheric Administration (NOAA) officers.

Related to that issue is the fact that, as many of you know, certain states still define a veteran exclusively as a former member of the armed forces. To see where your state stands, please refer to the “Map of State Veterans Benefits for USPHS” which can be found on the Commissioned Officers Association (COA) website under the “Advocacy” tab. Please know that just because a state recognizes a USPHS officer as a veteran, not all veteran benefits within that state may be available. We are working on bringing parity to those states. To complete this project, we are still waiting to hear back from 12 states and territories. Dave Corrigan, COA’s Deputy Director, will be attending the National Association of State Directors of Veterans Affairs (NASDVA) meeting in August 2023, and we hope to make personal contact with the veterans’ directors of the 12 states and territories to pin them down on how their state defines a “veteran.” Only then can we collaborate with you to advocate for changes to your state law.

Another misleading story in the #VetResources weekly newsletter is the story “Veterans, Gold Star Families get free lifetime pass to national parks, wildlife refuges, and other public lands.” The byline of this article is “By Courtesy of the National Park Service” and is dated November 8, 2022. Sadly, once you get past the misleading headline, the article explains that for the purposes of this program,

a veteran is defined as an individual who has served in the United States Armed Forces, including the National Guard. How can one federal agency (National Park Service) be so at odds with another federal agency (Veterans Administration) who clearly define veterans as former members of all eight uniformed services? Over the past year, we have advocated staunchly on the Hill with both U.S. Representatives and Senators. We have also met with staff of the Senate Energy and Natural Resources Committee, House Energy and Commerce Committee, and U.S. Park Service. COA counts this as one of our main priorities to advocate for in 2023. It is important to our members, and we will not give up the fight. We are currently scheduling another round of meetings with your elected officials to request an amendment to the Alexander Lofgren Veterans in Parks (VIP) Act to solve this problem.

I plan to follow up with veteran James Christie to thank him for recording his *SITREP* video. While speaking with him I will explain that all veterans are not able to receive the veteran’s designation on their state driver’s license and see if the VA Secretary or senior official will consider writing a letter to the states who do not include USPHS and NOAA veterans in their definition of veteran.

If you have not yet checked out the [Map of State Veteran Benefits](#), [the 2022 COA Retirement Tax Guide](#), or [the COA USPHS State Legislative Advocacy Guide](#) (the latter two created by COA member CAPT Alan Echt, USPHS (Retired) and supported by members of the COA staff and Legislative Affairs Committee), sign into the website and check them out. Lots of blood, sweat, and tears went into the creation of these documents. If you see any content that should be updated for your state, or if you know of any state legislation in the works that concerns USPHS Commissioned Corps officers, drop me a line.

I hope to see you in Tulsa at the 56th Annual USPHS Scientific & Training Symposium on May 8th. If not, until next time!

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