

COF Annual Golf Tournament



Caleb Green (second from right), singer of the National Anthem, spent his day greeting the different teams around the course.

by CDR David Schwab, Golf Tournament Organizer

The Commissioned Officers Foundation held its annual golf tournament and fundraiser on a perfect Monday morning on September 18, 2023 at Maryland National Golf Club, just outside of the DC area in the very scenic Middletown, Maryland. The field consisted of 60 golfers including officers, friends, family members, and many of our tournament sponsor guests. Everyone in attendance was treated to a catered breakfast provided by Chik-fil-A of Frederick. CDR David Schwab was joined by COA Deputy Director David Corrigan and COF Board Trustee CAPT (Ret) Dan Beck, as well as a team of officers who volunteered to come out and help with the event. We kicked the morning off with an impressive singing of the National Anthem by retired Army vocalist and former America's Got Talent contestant Caleb Green. Mr. Green



LCDR Chris Le got a hole-in-one and won \$10,000.

has continued to support COF with his talents since 2016. Once the golfers were out on the course, the action was captured on film by CDR Schwab, as

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from the
Executive
Director



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

Last month, you, along with 1.3 million active-duty military members, rightfully had concern about whether you would receive your pay in the event of a government shutdown. This situation is an all-too familiar one, and one you should never have to experience. Fortunately, our government managed to avert a shutdown by passing a Continuing Resolution that extends until November 17, thanks to the passage of last-minute legislation.

Some of you have been wondering why the Armed Forces continued to receive pay during past shutdowns, when you did not. Historically, the pattern that usually follows a government shutdown involves Congress quickly passing a temporary bill to ensure that members of the Armed Forces get paid. Unfortunately, these temporary bills consistently omit the U.S. Public Health Service Commissioned Corps (USPHSCC). Despite advocacy efforts, this remains an unfortunate reality.

This year, that pattern continued. On September 18, Senator Dan

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COA Member Benefits

Capitol Hill Representation

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

Local Representation

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

Newsletter

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

Ribbon

Authorized to be worn on the 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

CPH Exam Discount

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



Legislative Update

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

As I am writing this column on September 30, a government shutdown seems inevitable. Nevertheless, COA continues to advocate for you in Congress, before federal agencies like the Veterans Affairs (VA) and U.S. Department of Education (ED), and with Commissioned Corps Headquarters. For example, during these current events COA and other members of The Military Coalition are advocating for all eight uniformed services to get paid.

Some of our advocacy goals are determined by the Legislative Affairs Committee (LAC) and others are thrust upon us by current events, such as the issue of expiring leave that arose because of the deployment tempo during the COVID-19 pandemic. For two years in a row, COA worked with Congressional staff to ensure that the leave extension was included in Continuing Resolutions. Finally, in FY 23, COA successfully advocated for the goal of encoding the 120-day annual leave limit in Title 42, where it is now part of 42 USC 210-1(b). Recently, Commissioned Corps Headquarters issued guidance for officers who must decide when and how to use their accumulated annual leave.

Similarly, we have devoted a lot of time and effort recently working to securing funding for the Ready Reserve and PHERST, an issue that emerged when the Fiscal Responsibility Act removed \$84 million from the USPHS budget, including funding appropriated during the past three years that allowed the Ready Reserve component to operate. In that regard, we

are advocating for the passage of two bills that have been introduced in the Senate. Senator Duckworth's bill, S. 2297, would provide funding for the Ready Reserve and remedy many of the disparities that resulted from the rapid implementation of the Ready Reserve. Senator Wyden's bill, S. 2590, would provide \$150,000,000 for fiscal year 2024 and each fiscal year thereafter for enhancements and improvements to the operations of the Commissioned Corps. Watch your emails and social media for calls to action from COA.

Meanwhile, we're working on the goals determined by the LAC and approved by the COA Board of Directors. Top among these is parity for parental leave. It is too bad that the Commissioned Corps seems to be the only group of federal employees without the option to take 12 weeks of parental leave. You can read about our other goals under the Advocacy tab on COA's website.

What can you do to advocate for those goals? Active duty, former, and retired officers can contact their Senators and Representatives to encourage them to remedy the disparities between the Commissioned Corps and the other uniformed services. The LAC recently approved a motion to recommend advocacy software to the Board of Directors to make it simple for members to contact their legislators. Many advocacy organizations utilize "take action" software to allow their members to easily send messages to their elected officials and it is time for COA to do the same. More to come on that in the following weeks.



Exploring the Unique Model of Alaskan Native Healthcare with Captain Jeff Richardson

by LT Sean Franey, AUD, Southcentral Foundation Senior Audiologist

When most people think of Alaska, common descriptors that come to mind are “wild,” “snow,” “scenic beauty,” and “big.” But what might surprise most is that one of the biggest and most impressive things in Alaska is healthcare, specifically for Alaska Native and American Indian (AN/AI) people. Just ask Captain Jeff Richardson, Chief Professional Officer of Therapist category of the U.S. Public Health Service (USPHS). He made a recent trip to the Alaska Native Medical Center (ANMC) in Anchorage, AK to see for himself how Public Health Service officers are pursuing our mission and vision of the USPHS in conjunction with the tribal health organizations in which they serve. There are currently 141 officers in the ANMC service area.

For those of you who may not know, Alaska houses the country’s largest and most unique non-profit tribal healthcare system. It is an intricate web of large and small tribal health facilities spanning the entire state, but at its center are two of the largest non-profit health organizations: Southcentral Foundation (SCF) and the Alaska Native Tribal Health Consortium (ANTHC). In 1999, SCF and ANTHC coordinated their efforts and agreed to own and jointly operate ANMC.

CAPT Richardson has known about the facility and how it is a healthcare flagship in how it approaches integrative healthcare from top to bottom. CAPT Richardson toured SCF’s primary care facility and learned about SCF’s integrated physical therapy, witnessed the Child & Family Development Services



Southcentral Foundation officers and employees with CAPT Jeff Richardson (fifth from the left) during his visit.

clinic coordinate the gamut of services offered for the pediatric population with neurodevelopmental concerns, and observed inpatient pediatrics and adult rehabilitation to see where therapists get people moving in the clinic and back into their homes.

All those elements of SCF are joined under the roof of what is known as the Nuka System of Care. Nuka acknowledges that AN/AI people have ownership of their own healthcare and provides healthcare workers the tools and resources to meet people wherever they are in their spiritual, mental, and emotional journey. “I’m impressed with the administrative support for growth of services provided and the teamwork amongst employees in seemingly all facets of health care,” said CAPT Richardson.

To cap off his visit, he met with a group of Public Health Service officers in the therapist category, along with SCF managers and operational leadership to recognize all parties and their dedicated work. Although CAPT Richardson was not able to attend the ceremony, he acknowledged several officers who are promoting this year. The experience was, “overwhelmingly impressive,” said CAPT Richardson, and he is already considering his next trip back.

Anyone interested in seeing the great work being carried out by the SCF is welcome to come see it at any time. SCF also offers a range of training opportunities to help those looking to implement cutting-edge best practices in their own healthcare systems, and even offers a Nuka System of Care Conference that is held annually.

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well as some live video shots by Mr. Green. The real excitement of the day would happen on Hole 17, where CDR Chris Le sunk a hole-in-one for a grand prize of \$10,000. After everyone finished their round, they headed back into Schroyers Tavern for a

delicious German-themed lunch buffet, raffle prizes, and awards. Caleb performed most of the MC duties as CDR Schwab and his volunteers handed out the many items donated by the various local businesses.

Officer Spotlight

LCDR Andrew O'Carroll, Veterinarian

by LT Christine Nappa, LCSW, BCD

LCDR Andrew O'Carroll, a dedicated and passionate veterinarian, is a valuable asset to the U.S. Public Health Service (USPHS) Commissioned Corps and the Food and Drug Administration (FDA). His current role at FDA is with the Office of Vaccines Research and Review (OVRR) in the Center for Biologics Evaluation and Research (CBER). With a Doctor of Veterinary Medicine degree from Virginia Tech, LCDR O'Carroll plays a pivotal role in ensuring the safety of vaccines intended for human use. His work involves reviewing animal studies conducted to assess safety and risk before these vaccines enter clinical trial. LCDR O'Carroll exemplifies the commitment to public health that defines the USPHS Commissioned Corps. His experiences provide valuable lessons on fostering resilience, practicing self-care, enhancing professional growth, and exhibiting impactful leadership in the noble pursuit of safeguarding public health.

In the realm of public health service, resiliency, self-care, academic advancement, and leadership are pivotal aspects that shape an officer's ability to navigate challenges and effectively contribute to the wellbeing of the nation. LCDR O'Carroll shares profound insights into these critical areas. For him, resiliency as a USPHS officer signifies a commitment to surmounting obstacles by viewing them through the larger lens of service. He sees these challenges as opportunities to contribute to the greater good of the country, which gives him a stronger sense of purpose in overcoming them. His perspectives on self-care underscore its significance as a foundation for effective caregiving— an acknowledgment that taking care of oneself is a prerequisite for extending the same care to others. For him, hobbies are a critical means of grounding and stress relief. LCDR O'Carroll strongly encourages

officers to take up new hobbies as a way to enhance resilience and morale. While his recent academic pursuits left little time for self-care, LCDR O'Carroll now appreciates the generous leave policy available to USPHS officers.

LCDR O'Carroll approaches leadership with a delegative and laissez-faire style, emphasizing empowerment and trust as the cornerstones of a harmonious and productive team. He believes in empowering those he leads, as it fosters trust and mutual benefit. Drawing from his experience in private veterinary practice, LCDR O'Carroll highlights the importance of assessing the comfort level and scope of practice of his team members when delegating tasks. He finds that empowering team members ultimately leads to a more efficient workflow. When it comes to providing feedback, LCDR O'Carroll recognizes that both providing and receiving it can be challenging. He emphasizes that it requires a delicate, political approach that often improves with experience. He also acknowledges the need to not take feedback personally. LCDR O'Carroll's commitment to his academic pursuits limited his ability to take on new leadership roles or projects recently, though he hopes to one day serve as Officer in Charge on a USPHS Commissioned Corps deployment.

Since he was commissioned in 2016, LCDR O'Carroll has enjoyed a thriving career with the FDA, a journey marked by substantial personal and professional growth. His tenure with the FDA has been both fulfilling and brimming with opportunities. This experience has not only contributed to his own professional development but has also allowed him to make significant contributions to public health. LCDR O'Carroll values the doors that the FDA has opened for him, fostering a career rich in impactful opportunities and vital contributions to the wellbeing of the nation. He recently



LCDR Andrew O'Carroll

completed a Master of Public Health (MPH) program through the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD, which was supported by his leadership team at FDA. He discovered the opportunity through exploration of Commissioned Corps Instruction (CCI) 325.01, Extramural and Intramural Training and Obligation, and in consultation with his FDA liaison and the Office of FDA Commissioned Corps (OFCC). For those interested in learning more about long-term training agreements and graduate school opportunities for USPHS officers, check out LCDR O'Carroll's excerpt on his experience in applying for and attending the MPH program at USUHS. See page 5 of this issue.

LCDR O'Carroll's dedication to public health, commitment to self-care, and leadership philosophy make him a distinguished member of the USPHS Commissioned Corps. His unique insights into resilience, academic achievement, and leadership contribute significantly to the success of his agency and the broader mission of safeguarding public health.

Graduate Opportunities at the Uniformed Services University

by LCDR Andrew O'Carroll, DVM, MPH

While USPHS officers have attended Uniformed Services University (USUHS) for years, the process by which they would apply and enroll was vague and unclear. CCI 325.01, Extramural and Intramural Training and Obligation, released in 2021, provides USPHS officers with a clear process and formal paperwork to complete long-term training agreements. In 2022, with the assistance of my liaison at The Center for Biologics Evaluation and Research (CBER), OFCC, and the support of my supervisory chain, I attended USUHS for their MPH program. This is an intense, but rewarding,

program that takes approximately 12 months to complete. The program has multiple course tracks which include epidemiology and biostatistics, health policy, health administration, occupational and environmental health, global health, tropical public health, and general preventive medicine concentrations. I selected the epidemiology and biostatistics track and found the course material to greatly enhance my ability to understand and interpret the statistical aspects of the studies I review. Regardless of their elected track, students are required to complete a practicum

experience in a public health setting as well as an independent research project over the course of the year. In June 2023, I completed the program and won the CAPT Richard R. Hooper award for best student project and final presentation, and my research project should be published by the end of the year. I encourage other USPHS officers to inquire with their supervisory chain and liaison if interested. There is no monetary cost to USPHS officers, but there is a service requirement for double the amount of time in training: e.g., 2 years for the MPH program.

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Sullivan (R-AK) introduced S. 2835, the "Pay Our Military Act," in the U.S. Senate, aiming to provide continuing appropriations for Armed Forces pay during a government shutdown. On September 28, Representative Jennifer Kiggans (R-VA-2) introduced a similar bill in the U.S. House of Representatives, titled the "Pay Our Troops Act." Regrettably, both bills exclude the USPHSCC." These bills, if needed during a November government shutdown, are funding bills and face challenges in getting cleared by the Senate Appropriations Committee due to the current leadership's stance of "everyone gets paid, or no one gets paid." Nevertheless, COA will advocate for amendments to include USPHS.

In the meantime, if you are one of the officers who depend on your paycheck to cover essential expenses like housing, food, daycare, loans, and more, there is a practical step you can take. Consider switching your bank to USAA. Membership in USAA is free and accessible to active duty or Ready Reserve officers while on active duty orders, and if you direct your government paycheck into your USAA account, you become eligible for a no-interest loan ranging from \$500 to \$6,000 during a government shutdown.

USAA is well-prepared to assist you during challenging times, providing support and payment relief options across their banking

and insurance products when paycheck disruptions occur. Navy Federal Credit Union offers a similar program, but membership eligibility is not open to USPHSCC officers unless you have prior service in the Armed Forces, despite COA's ongoing advocacy against this restriction.

The current Continuing Resolution expires on November 17, so there might not be sufficient time to set up a USAA account and establish a 30-day direct deposit history before the next potential shutdown. Nonetheless, history shows that government shutdown threats are an annual occurrence. It is never too early to plan, and that's precisely what COA will be doing. While amending and passing bills for this year may seem impossible, COA remains committed to advocating for your rights to ensure that if members of the Armed Forces are paid during a shutdown, you will be too.

We understand that government shutdowns bring instability to individuals and families. Therefore, we encourage you to consider switching to a bank that offers support in times of crisis, such as USAA.

Until next month!



Board of Directors

by CDR Kristie Purdy, MS, RDN/LD, BC-ADM, CDCES
Immediate Past Chair, COA Board of Directors

While I honor the tradition of January 1st being the time of year to make New Year's resolutions and plan for the year ahead, for me, fall is the unofficial kick-off to the New Year. Fall represents getting back to the comfort of a steady routine after the chaos of summer, and a chance to reset our inner clocks and become intentional in our habits. Fall brings a season of change, but it does so with a sense of comfort and ease with new beginnings and new opportunities.

I think it's important to pause and take time, whether it's in the fall, at the start of the "official" New Year, or any time in between, to find ways to stay inspired while setting new goals and opportunities. The process to find inspiration and become intentional in a habit is different for each person. For me, I find value in journaling. It's helpful to put pen to paper as to why I started down a certain path in the first place and it serves as a gentle reminder of where I want to go. This time of reflection helps me see the inspiration in the journey and the discoveries I made along the way. It helps to bring both gratitude and a sense of personal and professional growth.

Fall is an especially busy time of year for officers. We have the preparation of our annual COER evaluations and for many officers the preparation of their promotion packet. It's easy to get lost in the business of the season. I encourage you to take time and reflect on your journey, what's brought you to where you are and how you are going to continue down your path. Keep in mind, you have MANY purposes. Our purpose is not solely linked to the results of a promotion, whether this be promoted or not promoted.

Find inspiration in your own journey. See all the greatness you have done and overcome. Continue to educate yourself. Place yourself outside of your comfort zone and challenge yourself to a new experience. Sometimes the best thing you can do for your mental health and physical well-being is to step away from it all and take time for your own personal happiness. Everything is part of the process. Trust where you are and enjoy the journey!

"Yesterday I was clever, so I wanted to change the world. Today I am wise, so I am changing myself." – Jalaluddin Rumi



2023 Photo Contest SHOW US YOUR BEST SHOTS!

You've been there. You've done that. You've seen the moment and snapped the shot.
All you must do for a chance to win is submit your photo.

SUBMISSION DEADLINE: 11/15/2023

Full Contest Rules and Consent Form:
<https://tinyurl.com/2023COAphotocontest>

1st Place Prize:

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

2nd Place Prize:

\$100 Amazon gift card

3rd Place Prize:

\$50 Amazon gift card



Photo Suggestions:

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



2022 Photo Contest Submissions

Collaboration of Rehabilitation and Animal Assisted Therapy at the National Institutes of Health

by LCDR Samora Casimir, OTD, OTR/L, LCDR Dan Johnson, and Amber Moore, CTRS, CDP, C-AAIS

At the National Institutes of Health (NIH), the Rehab Medicine Department (RMD), primarily the Recreational Therapists, have been incorporating pets, mostly dogs, into their therapy sessions with various patient populations. Some therapists receive a specialized certification in animal-assisted therapy to merge their love of working with animals with their passion for patient-centered care. Animal Assisted Therapy (AAT) has many therapeutic benefits including: enhancing the human-animal bond, relieving stress, improving overall happiness and quality of life, advancing heart health, along with assisting individuals with illnesses, injury, disability and mental health issues that affect their daily function.

On August 18, 2023, LCDR Samora Casimir, an occupational therapy practitioner, facilitated and organized an educational in-service for the NIH Rehab Medicine Department providing the opportunity for LCDR Dan Johnson and Amber Moore, a Recreational Therapist, to speak to over 40 multi-disciplinary rehabilitation healthcare professionals about USPHS' first mascot, LCDR Abigail, and animal-assisted therapy. LCDR Abigail's handler, LCDR Johnson, spoke about the implementation of the first official USPHS mascot and the goal to provide therapeutic care to patients, employees at NIH, and the USPHS Commissioned Corps officers. Ms. Moore provided education on the types of animal-assisted interventions, the different animal roles, and the animal-assisted therapy programs at NIH. The Rehab Medicine Department audience consists of physical therapists, occupational therapists, recreational therapists, physiatrists, speech-language pathologists, exercise physiologists, and neuro-robotics specialists.

LCDR Abigail is a Labrador Retriever, from Warrior Canine Connection and is named after the former First Lady of the United States, Abigail Adams. The mascot is a gift from COA's foundation, the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF), and is intended to help improve mental well-being, enhance camaraderie, and assist with public health messaging. The implementation of the USPHS mascot directly aligns with the current priorities of the U.S. Surgeon General in improving youth mental health, workplace well-being, preventing healthcare worker burnout, and aims to address the social connections of individuals which can help advance our nation's health through the human-animal bond.

Ms. Amber Moore, a Recreational Therapist and Certified Animal-Assisted Intervention Specialist, has over 10 years of professional



Ms. Amber Moore, Certified Animal-Assisted Intervention Specialist; LCDR Abigail, USPHS Mascot; and LCDR Dan Johnson, LCDR Abigail's handler.

working experience. She has developed and implemented animal-assisted therapy programs at multiple facilities, including NIH. Animal-assisted therapy integrates trained therapy animals into treatment sessions that aim to improve a patients' physical, psycho-social, emotional, and cognitive functioning. In addition, addressing non-pharmacological pain management and/or anxiety management in order to help improve the patient's mood, focus, motivation, and create a more balanced emotional and mental state. LCDR Abigail and her handler, LCDR Johnson, have joined forces with Ms. Moore as one of the nine therapy dog teams at the NIH to provide supportive services to both pediatric and adult patients focusing on their interaction with the animal, treatment process, and overall well-being.

Therapeutic interventions that incorporate therapy animals has been implemented in various settings including hospitals, acute care, skilled nursing facilities, and schools. Animal-assisted therapy has become increasingly popular over the years for both pediatric and adult patients. Research demonstrates children who engage in animal-assisted therapy have decreased behavioral problems, improvement in autism-spectrum symptoms, and emotional well-being. For adults, research reveals those who engage in animal-assisted therapy also display significant positive improvements in their social skills, motivation to participate in their therapy treatment sessions, reduction in anxiety, and improvement in mood.



The Work of COF PHS Documentary – Invisible Corps: In Officio Salutis (In Service of Health)

by CAPT (Ret.) Gene Migliaccio, Board of Trustees President

It was 10 years ago this month - October, 2014 Ebola Treatment Unit Monrovia, Liberia. This is a transcript of the opening scenes of *Invisible Corps* between RADM Boris Lushniak and President Barack Obama.

We HEAR: VOICE ON PHONE: Introducing the President of the United States President Barack Obama: Hello, everybody. Can you hear me?

Rear Adm. Boris Lushniak: Yes, good morning sir. This is Rear Admiral Boris Lushniak, the acting Surgeon General, and I'm proud to introduce our team from Monrovia, led by my acting deputy Surgeon General, Rear Admiral Scott Giberson.

President Barack Obama: Well, Scott can you hear me over there?

Rear Adm. Scott Giberson: Yes sir.

President Barack Obama: What you are doing is saving lives but it's also protecting peace and security and I, personally, am just profoundly grateful for what you are doing. But, it's pretty rare where you have the opportunities to save tens of thousands, especially hundreds of thousands of lives and at the same time protect our homeland. It's pretty rare we're able to do that with a small contingent of folks like you. It's also an example of what makes America exceptional. What we do, what we do in ways nobody else can do and it creates an impression of what American leadership is all about. So, my statement, really, is just to say thank you.

If you have not seen the *Invisible Corps*, please do so because it is powerful and riveting. It is the story about you and me and the tens of thousands of active, retired, and former commissioned officers of the U.S. Public Health Service (USPHS).

Narrated by Golden Globe winner and Oscar nominee, Ali MacGraw, *Invisible Corps: In Officio Salutis* explains the history of the USPHS, how important public health is to our nation and how the USPHS Commissioned Corps has been the key to saving millions of American lives. Although invisible, they touch the lives of Americans every day: from fluoridated drinking water to eliminating malaria in our country. The USPHS Commissioned Corps cared for veterans before there was a Department of Veterans Affairs and worked on water and air pollution before there was an Earth Day. The USPHS Commissioned Corps is the only uniformed service in the world solely dedicated to public health.

As the President of the Commissioned Officers Foundation (COF) – one of my goals - as I previously reported to you is to maximize visibility of *Invisible Corps* across the United States and globally. To accomplish this goal, I established an ad hoc committee on the documentary and enlisted the leadership of COF Trustees: Steve Solomon, Pam Schweitzer, Kerry Nessler, and Harlem Gunness.

I asked RADM (ret) Steve Solomon to chair the committee. The work achieved to date is impressive via marketing plans that link *Invisible Corps* to the promotion of other COF initiatives including the Annual Symposium, the Capital Campaign, COF's educational mission, and COF's support of COA's strategic objectives.

As I close my column – I want to thank RADM (ret) Pam Schweitzer for her continued engagement with the documentary. Pam has worked tirelessly for over 2-years, from idea generation to now assisting local COA Chapters, with telling our story via *Invisible Corps*. I will keep you all informed on the progress of the ad hoc documentary committee. In the meantime, check out <https://invisiblecorps.com> and let me know your thoughts.

Get Vaccinated Today: Updated Guidance for the 2023-2024 Influenza Season

by LT Lucy Ogechi Efobi, DNP, MBA-C, APN, AAVIHS and LT Anthonia Ifeoma Azubike, PharmD

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) has issued new guidelines for the prevention and control of seasonal influenza with vaccines for the 2023-2024 season. Routine annual influenza vaccination is recommended for all patients six months of age and older who have no contraindications. Vaccination should ideally be completed by October. However, could be offered throughout the season if influenza viruses continue to circulate.

Approved Ages & Dose Volumes

The approved ages and dose volumes for intramuscular influenza vaccines (IIV4s and RIV4) can be found on CDC's flu [web page here](#).

Recommendations for Vaccination of People with Egg Allergy

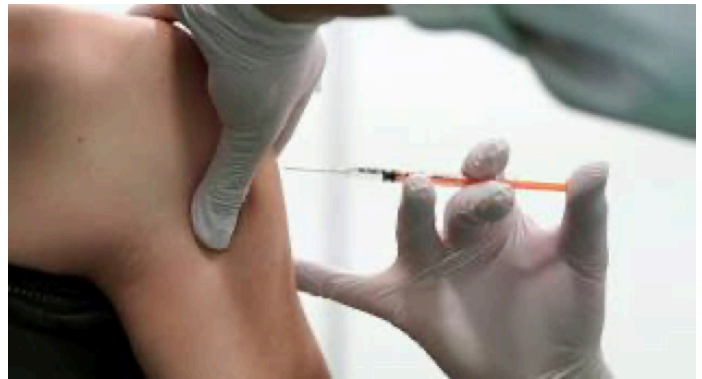
- All persons ages ≥ 6 months with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used.
- Egg allergy necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.
- Severe and life-threatening reactions to vaccines can occur with any vaccine and in any vaccine recipient, regardless of allergy history. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

Previous Severe Allergic Reactions To Influenza Vaccines

- Previous severe allergic reaction (e.g., anaphylaxis) to any influenza vaccine (any egg-based IIV, cclIV, RIV, or LAIV of any valency) is a contraindication to all egg-based IIV4s and LAIV4.
- Previous severe allergic reaction to cclIV of any valency or to any component of cclIV4 is a contraindication to cclIV4. Previous severe allergic reaction to any other influenza vaccine (any egg-based IIV, RIV, or LAIV of any valency) is a precaution to cclIV4.
- Previous severe allergic reaction to RIV of any valency or any component of RIV4 is a contraindication to RIV4. Previous severe allergic reaction to any other influenza vaccine (any egg-based IIV, cclIV, or LAIV of any valency) is a precaution to RIV4.
- Each vaccine is also contraindicated for those with a history of severe allergic reaction to any component of that vaccine (other than egg; see Persons with Egg Allergy, this page).

Administration Of Influenza Vaccines with Other Vaccines

- IIV4s and RIV4 may be administered concurrently or sequentially with other live or inactivated vaccines.



It is important to ensure you and your family are vaccinated for the upcoming flu season.

- LAIV4 may be administered simultaneously with other inactivated or live vaccines. If not given simultaneously, then ≥ 4 weeks should pass between administration of LAIV4 and another live vaccine.
- Injectable vaccines given simultaneously should be administered at separate anatomic sites.
- Data on the immunogenicity and safety of simultaneous or sequential administration of two nonaluminum adjuvant-containing vaccines are limited.
- For newer vaccines, data informing coadministration with influenza vaccines might be limited or evolving. Providers should consult current CDC/ACIP recommendations and guidance for up-to-date information.

Summary of the ACIP 2023-2024 influenza season include the following:

- ACIP recommends all persons 6 months of age and older with egg allergy receive influenza vaccine (egg-based or nonegg-based) that is otherwise appropriate for the recipient's age and health status.
- It is no longer recommended that individuals who have had an allergic reaction to egg with symptoms other than urticaria should be vaccinated in a medical setting supervised by a health care provider who is able to recognize and manage severe allergic reactions if an egg-based vaccine is used.
- Egg allergy alone does not require additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.
- All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.
- For more information- visit- [cdc.gov/influenza](https://www.cdc.gov/influenza)

References:

1. US Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season. Accessed August 24, 2023. https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w.
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Professional Certifications - Are they worth the stress?

by LCDR Osamede C. Onaghise, MPA, CLS, BB (ASCP), CMQ/OE (ASQ) and CDR James Ireland, PharmD, MS, BCPS, CPH, CMQ/OE (ASQ)

According to the 2019 U.S. Bureau of Labor Statistics (BLS) Monthly Labor Review (MLR), more than 43 million people in the United States held a professional certification or license. Generally, workers with these credentials earned about one-third higher and were less likely to be unemployed than their noncredentialed counterparts. However, while 21.8 percent of the employed workforce held licenses, only 2.3 percent held professional certifications. This article will discuss the benefits of certifications for Corps officers and introduce a few professional certifications, specifically in Quality Management and Improvement.

How are certifications relevant for a Corps officer? For starters, some of our professional categories/disciplines require certifications for commissioning and for maintaining basic readiness (see CCI 231.03 – Category Specific Appointment Standards). This is the case for Medical Laboratory Scientists in the Corps, as an example. But even when a certification is not required, having one could have real career benefits for promotions and agency job opportunities. The 2023 Promotion Benchmarks lists preparing for an advanced certification beyond the officer's required credentials as a goal an aspiring Lieutenant Commander (O-4) should strive towards. Likewise, completion of an advanced certification beyond the officer's required credentials should be pursued by an aspiring Commander (O-5). It's worth mentioning that the benchmarks are guidance and not requirements for promotion. However, most mentors will tell you that is a distinction that has gotten more subtle with each passing promotion cycle and will encourage their mentees to be more successful in each promotion precept. Acquiring a certification helps check a box under Precept 1 in the benchmarks. It may also improve your chances of getting a higher position or billet in your agency and check off a few additional boxes in Precept 3 (Career Progression & Potential). For instance, some duty stations at the Food and Drug Administration (FDA) – particularly those with regulatory laboratories – actively seek certified Quality Management professionals. Beyond the FDA, these certifications may help you stand out as a champion for Quality and Improvement. Every duty station can use one of these!

A former boss once said, "Quality travels well." What he meant was the basic tenets of Quality Management and Continual Improvement are applicable in almost every field of work or industry. American Society for Quality (ASQ) – a globally recognized certification agency for Quality professionals – offers several certifications that may be relevant to Corps officers. A few include:

- Certified Manager of Quality/ Organizational Excellence (CMQOE)
- Certified Supplier Quality Professional (CSQP)
- Certified Quality Engineer (CQE)
- Certified Reliability Engineer (CRE)
- Certified Food Safety and Quality Auditor (CFSQA)
- Certified Medical Device Auditor (CMDA)
- Certified Pharmaceutical GMP Professional (CPGP)

One of the burdens with having multiple certifications and credentials is the cost to maintain them. For ASQ members, the recertification cost for one ASQ certification is \$90, although cost to recertify two or more ASQ certifications is only \$110. Regarding ASQ membership fees, some agencies (including the FDA) have group memberships that cover these fees for agency employees. This would leave just the recertification fees to be paid each corresponding cycle (approx. every 3 years). Regardless of the cost, ASQ certifications are worthy of consideration, and can leverage your ability to create positive change at your duty station.

For additional information on these and other certifications, visit the ASQ website.

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HHS Secretary and ASH Visit St. Louis Greater Area

by LCDR Ana Sandee, PT, DPT, MPH

On June 23-24, 2023, LCDR Ana Sandee and LCDR Monica Murie had the opportunity to help coordinate the Secretary of Health and Human Services Xavier Becerra and Assistant Secretary for Health (ASH) ADM Rachel Levine during their visit to the Greater St. Louis area. During the visit, they met with several local politicians and regional officials at health facilities and community centers to tackle reproductive rights, LGBTQI+ Health Equity, environmental justice and nutritional access issues in both Illinois and Missouri. Also present were CDR Kimberly Davids, Acting Regional Health Administrator in Region 7, and LT Michele Brown, ADM Levine's special assistant.

The Secretary and ASH were part of a press conference at two Planned Parenthood locations on the Illinois and Missouri side of St. Louis on the Dobbs Decision Anniversary Event taking place that day. The Dobbs v. Jackson Women's Health Organization decision overturned the provision of a constitutional right to an abortion (from the 1973 Roe v. Wade ruling) on June 24, 2022, which protected the right to an abortion until fetal viability. Both facilities discussed how differently they handle challenges given that both states have such different capabilities based on current legislation. Missouri was the first state to pass a near-total abortion ban after the Supreme Court overturned Roe v. Wade, while the state of Illinois became overwhelmed with out of state abortion requests after the ruling. Both the Secretary and ASH met with patients, providers, and policymakers to hear firsthand how the Supreme Court's decision to overturn Roe continues to impact women's health.

ADM Levine participated in several roundtable discussions with state leaders on health equity in the HIV and LGBTQAI+ care space, including mental health resources available to trans youth and



HHS Secretary Xavier Becerra, Assistant Secretary for Health ADM Rachel Levine, CDR Kimberly Davids, LCDR Ana Sandee, and LT Michele Brown

gender affirming care in St. Louis based communities.

ADM Levine continued to a roundtable discussion with the local Environmental Career Worker Training Program through the National Institute of Environmental Health Sciences (NIEHS), to advance environmental justice through worker training. She presented a coin to one of the worker training program success stories due to his efforts in completing the program and securing, and excelling, at his current occupation after a life spent in the different correctional institutions. The program is part of a pilot for the White House Justice40 initiative, which aims to deliver 40% of the overall benefits from federal investments in workforce development and other key components to disadvantaged communities. Through this visit, LCDR Ana Sandee established connections with the local St. Louis Community partners OAI (Opportunity, Advancement, Innovation) Training Consortium and MPWER (Motivating Purpose with Education and Readiness)

which motivated her to lead the PACE and SGET programs in St. Louis. Using local COA power, LCDR Sandee is providing direct community engagement, addressing health disparities through educational programs, and empowering local USPHS officers to serve as force multipliers in the community.

The next day, LCDR Monica Murie accompanied ADM Levine to meet with members of the University of Missouri – St. Louis Addiction Science Team and community partners, including the St. Louis Housing Authority, to discuss ways to improve access to Naloxone - medication that is used to reverse an opioid overdose - for residents in low-income communities, and to address environmental justice.

Using local COA power, LCDRs Sandee and Murie provided direct community engagement to address health disparities through educational programs and empower local USPHS officers to serve as force multipliers in the community.

Celebrating Respiratory Care Week 2023

by CDR Johanna Gilstrap, MPH, RRT, AE-C, MCHES, LCDR Alyssa Plata, MPH, RRT-CPFT, LT Victoria Bot, MPH, RRT, LT Heidy Perales, MS, RRT, and LTJG David Vieth, MSRC, RRT

Respiratory therapists (RTs) are vital members of the multidisciplinary healthcare team, providing specialized care and expertise in the assessment, treatment, and management of patients with respiratory disorders. Respiratory Care Week is celebrated every October and this year, it will be observed October 22 - 28, with the theme "Our Passion, Our Purpose." Respiratory Care Week recognizes the profession, celebrates respiratory therapy colleagues everywhere, and raises awareness for improving lung health. Respiratory therapy is more than just a job, it is a purpose-driven profession dedicated to improving the lives of patients and making a meaningful impact on their respiratory health and overall well-being.

There are currently five RTs serving in the U.S. Public Health Service (USPHS) Commissioned Corps. This small, but mighty, group of RTs serve in a variety of billets across the country. CDR Johanna Gilstrap was the first RT to commission in 2012. She is currently stationed at the Centers for Disease Control and Prevention, within the Division of Global Migration and Quarantine in Atlanta, GA. She serves as a public health advisor working on public health preparedness and response activities. CDR Gilstrap maintains her clinical competency by volunteering at the Atlanta Veterans Health Medical Center, providing respiratory care services to those who have served the nation.

LCDR Alyssa Plata is a clinical respiratory therapist with the Indian Health Service (IHS) at the Lawton Service Unit in Oklahoma. She commissioned into the USPHS Commissioned Corps in 2015. She provides direct patient care in the acute-care setting and performs diagnostic testing to assist in the diagnosis and treatment of respiratory

disorders. During the height of the COVID-19 public health emergency, LCDR Plata implemented new respiratory equipment modalities and therapies to care for the critically ill to improve patient outcomes.

LTJG David Vieth is the sole USPHS respiratory therapist in the Bureau of Prisons (BOP). He is stationed at the Federal Medical Center Rochester in Minnesota. LTJG Vieth is responsible for all RT services, across the continuum of care for inpatient, outpatient, and long-term care patients. During the COVID-19 pandemic, LTJG Vieth was part of a multidisciplinary Medical Response Team that assisted the facility in COVID-19 mitigation strategies and treatment of COVID-19 patients and the development of policies and procedures.

Commissioned in July 2022, LT Heidy Perales is a Regulatory Officer (Consumer Safety Officer) with the Food and Drug Administration (FDA) at the Office of Regulatory Affairs in Ontario, California. She oversees inspections and investigations of establishments dealing with diverse products including over the counter medications, prescribed medications, compressed medical gas, active pharmaceutical ingredients, positron emission tomography, sterile drugs, post approval drugs, radioactive drugs, and fraudulent drugs. LT Perales maintains her clinical competence providing patient care in a sleep/pulmonary specialty clinic.

LT Victoria Bot is also a Regulatory Officer (Consumer Safety Officer) at the FDA's Office of Regulatory Affairs. Commissioning in September 2022, she is the most recent RT called to active duty. She oversees inspections and investigations of establishments dealing with diverse products like blood components, human tissues, biological drugs, and devices.

To be eligible to commission in the USPHS, respiratory therapists must hold a Bachelor's or Master's degree in Respiratory Therapy from a school or



LCDR Alyssa Plata calibrating the pulmonary function machine for patient testing.

college accredited by the Commission on Accreditation for Respiratory Care or Commission on Accreditation of Allied Health Education Programs, hold the Registered Respiratory Therapist (RRT) credential issued by the National Board for Respiratory Care, and have an active, current, unrestricted, and valid Respiratory Care Practitioner license from any U.S. State, Washington D.C., territory, or commonwealth. To learn more about respiratory therapy and the requirements to become a respiratory therapist and USPHS Commissioned Corps, please visit the American Association for Respiratory Care, the National Board for Respiratory Care, and the USPHS Respiratory Therapist websites.

Respiratory therapists have played significant roles in healthcare, particularly during the height of the COVID-19 pandemic. This Respiratory Care Week, we acknowledge and appreciate their hard work and unwavering commitment to patient care. If you know a respiratory therapist, take a moment to express gratitude for the invaluable, yet often unnoticed, contributions they make in delivering exceptional patient care!



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Increasing Collaboration and Sustainability for Rural Pelvic Health Physical Therapy

by LT Ebony Jackson Clark, PT, DPT, CLT
Board Certified Specialist in Women's Health Physical Therapy

Physical therapists are specialists in neuromusculoskeletal rehabilitation, dedicated to improving movement and enhancing the human experience. Among the various physical therapy specialties, pelvic health physical therapy (PHPT) remains relatively unknown and underutilized. The sensitive nature of conditions treated in this specialty, such as incontinence, constipation, pelvic organ prolapse, and pain with sexual activity, often leads to patient shame or embarrassment. Some individuals hesitate to discuss these issues with their medical teams, and sometimes medical professionals are unaware of available rehabilitation solutions, leading to missed treatment opportunities. Thus, PHPT practitioners often become advocates, educators, and outreach specialists.

When I joined the Chinle, AZ Indian Health Service (IHS) rehabilitation team, the PHPT program had been dormant for five years. Fresh from completing a 16-month Women's Health Physical Therapy Residency Program at the University of Pittsburgh Medical Center, I was determined to expand this underserved specialty into under-resourced communities. My initial task was to inform the hospital's referring providers that PHPT services had resumed. While this step alone could have reinstated and maintained the PHPT program in Chinle, I envisioned a broader impact. I engaged in outreach by meeting individually with various in-house providers, conducting in-services at the medical staff meetings and hospital-wide continuing education sessions, providing patient education materials for distribution, and marketing to external referring providers. This resulted in the successful launch of the comprehensive Chinle PHPT program that expanded services to patients of all genders and case complexities.

Access to PHPT services can be limited in urban areas, and in rural settings, they are often even scarcer or non-existent. As the sole pelvic health specialist at my clinic, ensuring accessibility was paramount. To address this challenge, I developed a group patient education class targeting our clinic's most commonly referred PHPT diagnosis: urinary incontinence. This class optimized patient education opportunities while reducing patient wait times for one-on-one sessions.

Building on the success of this class, I sought out similar opportunities. This led to collaboration with the hospital's Women's Health Clinic midwives to educate pregnant and postpartum parents about available PHPT services. This initiative evolved into a group exercise class addressing low back and pelvic girdle pain. We seamlessly incorporated the class into existing midwife-led patient education sessions, enhancing efficiency and convenience. This partnership also led to me joining the midwives during a hospital mobile health clinic visit to provide physical therapy



LT Ebony Jackson Clark

screening to patients in the community. An unexpected outcome was the chance to instruct a pelvic health assessment continuing education class for the midwives. This alliance not only advanced patient services but also allowed me to give back to those who collaborated on this endeavor.

Pelvic health physical therapy services can be enigmatic not only to medical providers and patients but also to fellow physical therapists. Therefore, part of my outreach strategy included educating my therapist colleagues through journal clubs and presentations about the scope of PHPT services. A noteworthy initiative was a group presentation about pelvic health through the Therapist Professional Advisory Committee Education Subcommittee journal club. This marked my first foray into cross-agency education and advocacy.

In pursuit of my mission to expand PHPT services to vulnerable populations, I initiated a regional IHS pelvic health therapy special interest group (SIG) aimed at enhancing pelvic health expertise and overall quality of care among federal clinicians nationwide. Although the SIG was regional, its impact extended nationally, enabling me to coordinate and present two annual cross-agency continuing education meetings, lead a quarterly journal club,

see **PELVIC HEALTH** on page 17

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National Cemetery Administration
Outreach Officer

Your Host:

- CAPT (Ret) Jacqueline
Rychnovsky, COA Executive
Director



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Planning for one's death is not easy. Join COA as the National Cemetery Administration (NCA) presents tips on how to plan for a burial at a national cemetery to alleviate stress on your family at the time of need.



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TRICARE Tips to Protect Your Teeth in a Dental Emergency

by Military Health System and the Defense Health Agency
Strategic Communications Division

Dental emergencies happen, and they can happen anywhere, at any time. Fortunately, the TRICARE Dental Program (TDP) covers emergency dental care. As noted in the TRICARE Dental Program Handbook, you'll pay no cost-share for emergency dental services regardless of your pay grade or location. But there are still steps you may need to take to ensure your teeth and gums stay protected.

In the event of a dental emergency, remember to keep calm and use these tips below to help you prepare, identify, and respond. Remember, the most important step in any dental emergency is to get to a dentist as soon as possible.

Preparing for a dental emergency

If an emergency does happen, it's important to find a dentist right away, you can use the Find a Dentist tool for quick results. You can also prepare a dental emergency kit to help you deal with pain, bleeding, and other problems until you can see a dentist. This kit should contain items such as:

- Cotton balls and swabs
- Dental floss
- Dental mirror
- Latex gloves or vinyl gloves
- Salt
- Cold compress

Identifying a dental emergency

Wondering what may be considered a dental emergency? These symptoms may require emergency care:

- Bleeding in the mouth or gums that doesn't stop

- Painful swelling in or around your mouth
- Pain in a tooth, teeth, or jawbone
- Gum infection with pain or swelling
- After surgery treatment (dressing change, stitch removal)
- Broken or knocked out tooth
- Denture adjustment for people receiving radiation or other treatment for cancer
- Snipping or adjusting wire of braces that hurts your cheek or gums
- Biopsy of abnormal tissue

Remember, you'll need to contact a dentist first to identify a true emergency.

Responding to a dental emergency

Contacting your dentist is key, but there are other steps you can take if something serious happens to one of your teeth.

If you have a cracked or broken tooth, you should rinse your mouth with warm water to clean the area surrounding the affected tooth. Then, apply a cold compress to reduce swelling.

If your tooth is knocked out, take the following steps to protect it until you reach the dentist:

- Recover the tooth, if possible.
- Hold it by the top, not the root, and gently rinse the root of the tooth with water, milk, or a saline solution. Don't scrub it or remove attached tissue.
- In some cases, you can temporarily put it back in the empty socket. Otherwise, place the tooth in a container of milk or saline solution. Don't put it in water.

PELVIC HEALTH from page 15

mentor seven physical therapists, and advise several others. In June 2023, I presented a poster on PHPT program development at the USPHS Symposium in Tulsa, OK and connected with Bureau of Prisons therapists who were working to establish a PHPT program, sharing my program materials with them.

To bolster sustainability and accessibility for the PHPT program, I created English and Navajo recordings of the urinary incontinence class and produced a recorded Standard Operating Procedure to guide therapists in teaching the low back and pelvic girdle pain class. Currently, I am collaborating with fellow therapists to create

an interdisciplinary starter kit to assist non-pelvic health specialists in developing rural pelvic health programs.

The revival and expansion of the PHPT program has been a journey of dedication and collaboration. In August, I was honored by my agency with the IHS Navajo Area Director's Award for Outstanding Health Care Provider for my efforts in PHPT program development in Chinle. This consistent advocacy, education, and innovation cumulated in substantial progress toward enhancing access to care for underserved populations.

October is Dental Hygiene Month

by LT Sascha Randolph (SW/AW), RDH, BSDH, PHDHP

Dental hygienists serve in education, research, administration, public health, and corporate business roles. LT Sascha Randolph is a registered dental hygienist and regulatory project manager who works with a team to ensure that dermatologic and dental drugs are safe, effective, and available to improve the health of people in the United States. When she's not performing administrative duties, she provides dental hygiene services to the underserved and vulnerable populations, raising awareness about the importance of good oral health, essential for overall health and well-being.



LT Sascha Randolph

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Public Health Is a National Security Issue

by Captain Pietro D. Marghella, U.S. Navy
(Retired)

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Part 1 of this article was published in the September issue of *Frontline* (page 12).

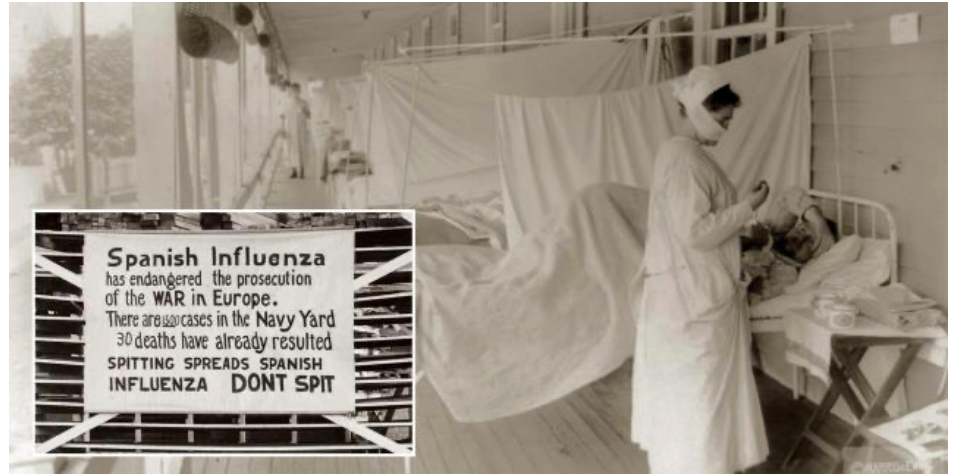
Part 2: If one substitutes words such as “attack” or “biological weapons” with a phrase such as “the emergence of a novel, highly pathogenic and virulent, naturally occurring infectious disease,” these lessons from Dark Winter could be the after-action report for how badly the COVID-19 pandemic was handled in the United States. In other words, we made the same mistakes in an exercise 21 years earlier—and learned nothing.

The reasons for these failures are legion, but if there were one event that could be spotlighted as at least symbolically representative of our “booting” the COVID-19 pandemic response, it would be the dissolution of the Pandemic Response Team on the National Security Council staff in 2018.⁴ With removal of the expertise available to the President and the council for what many could and have argued was an inevitable event—i.e., an emerging public health crisis related to a novel infectious disease capable of sparking a major national or global pandemic—the United States was effectively hamstrung in its effort to mount an effective response.

This speaks to why *all* planning for responding to national security concerns is vital:

By failing to engage in adequate deliberate planning ahead of a crisis, the chances of mounting an adequate response decrease in equal—but directly inverse—proportion to the scope and scale of the event necessitating a response in the first place.⁵

An influenza ward at Walter Reed Hospital and (inset) a precaution sign at the Naval Aircraft Factory, Philadelphia. The influenza strain behind the 1918–19 pandemic was first identified in military personnel in spring 1918, and troop movements quickly facilitated its spread. According to the CDC, the “high mortality in healthy people, including those in the 20–40 year age group, was a unique



A healthcare worker cares for an ill patient with the Spanish Flu

feature of this pandemic.” Library of Congress / (inset) Naval History and Heritage Command

Almost a quarter-century ago, I authored a *Proceedings* article entitled “December 7, 1999: The Second, Silent Attack on Pearl.”⁶ The first half of the article was a fictionalized account of a biological warfare attack by transnational terrorists using *bacillus anthracis* (anthrax) on Oahu, with Pearl Harbor as the locus of the attack. There was nothing sly about the date chosen for the article. I was asking readers to consider that we might find ourselves in the same position of strategic risk at the near dawn of the 21st century as we had on the eve of the Japanese attack on Pearl Harbor in 1941—with all its attendant consequences.

The second part of the article was intended as a wake-up call for the Department of Defense’s medical planning community—to this day the only member of the federal interagency that produces formally trained and career-oriented medical planners. These planners know that the responsibility to develop effective, deliberate, and crisis-action planning strategies for responding to emerging asymmetrical threats would fall squarely on their shoulders.

I make no claims of prescience, but the events of 9/11 just 40 months later validated the argument that asymmetrical threats and our subsequent entry into “fourth-generation warfare” were imminent.⁷

COVID-19’s toll in human suffering and loss is staggering. The pandemic clearly demonstrated its macro-strategic impact on national security. Dr. Robert Hamilton,

a professor at the Army War College and a fellow at the Foreign Policy Research Institute, offered this succinct summation:

Even if we adhere to the minimalist definition of American national interests, COVID-19 has done more damage than almost any war America has ever fought. The first two—and most important—interests articulated in the National Security Strategy (NSS) are to “protect the American people, homeland, and way of life,” and to “promote American prosperity.”⁸

In the United States, nearly 1.2 million souls have been lost, more than double the losses of any comparably sized nation.⁹ This is more than the number of Americans killed as a result of every war fought by the United States in the 20th and 21st centuries—again, by nearly double. More U.S. citizens died during the COVID-19 pandemic than in the 1918–19 influenza pandemic (by nearly double).¹⁰ The question now is how can threats related to the nation’s public health not be considered threats to national security?

Protecting the health, safety, and well-being of U.S. citizens is the government’s first and most important mission. Indeed, the Department of Defense and the vast national security infrastructure supporting it exist because of this mission. It is time to bring the public health community to the table when discussing national security issues.

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Suicide Prevention Resources That Can Help

This content by Janet A Aker was provided by the Defense Health Agency

How can we help ourselves, loved ones, and others in the military family who may be at risk of suicide? Through a variety of resources available to all service members, veterans, and families. While the Military Health System (MHS) provides clinical counseling and therapy, it and other U.S. Department of Defense (DOD) entities offer an array of nonclinical programs that are free and confidential.

Service members may experience frequent relocations, overseas deployments, and stressful experiences related to combat as well as significant time away from families or loved ones.

Sometimes, these stressors lead to behavioral health problems including suicidal ideation. The inTransition program at the Defense Health Agency (DHA) is a free, confidential program that helps active-duty service members, National Guard members, reservists, veterans, and retirees overcome common barriers to care and quickly access needed services through:

- Specialized coaching and assistance
- Facilitating connection to a new behavioral health care provider
- Sharing information from the DOD Department of Veterans Affairs, and community health care resources

The inTransition program is just one of many nonclinical resources available to MHS beneficiaries that help you monitor your mental health, understand signs and symptoms, and seek help. Others include:

Tools for Active Duty and Veterans

- 988 Suicide and Crisis Lifeline. Call 988, option 1, for immediate support through the around-the-clock consulting for military members and veterans having thoughts of self-harm. You can talk to qualified responders through the confidential toll-free hotline, chat online, or text 838255.
- The Psychological Health Resource Center is available 24/7 for service members, veterans, and family members. Trained mental health consultants can help you access mental health care and community support resources in your local area. Assistance is available through phone (1-866-966-1020), email or live chat.
- Coaching into Care provides veterans direct access to licensed psychologists and social workers for a no-cost telephone consultation at 1-888-823-7458. The program offers help



finding ongoing support and provides families information on suicide prevention.

Mobile Apps

DHA promotes mobile phone applications for those seeking help or wellness resources. Check out mobile apps that help with post-traumatic stress disorder (PTSD), tools for coping, and monitoring your health, including:

- PTSD Coach
- Breathe 2 Relax
- Chill Drills by Military OneSource

Postventions for Those Left Behind

There can also be challenges for those who experience a death by suicide by fellow veterans, combat buddies, family members, loved ones, caregivers, and even those who did not know the person well.

“Postventions,” or interventions after suicides, can be crucial to the mental health of those left behind.

The Defense Suicide Prevention Office postvention toolkit for military suicide loss states that grief can leave its mark on up to 135 people for every one suicide. For those struggling with this grief, their risk of suicidal thoughts or actions increase as well.

What’s most important is to learn what you can, lean on each other for support, and use these resources to seek help for you or a loved one.

For a complete list of mental health resources available to MHS beneficiaries, visit the MHS resource page.

Spiritual Wellness

CDR Katrina Redman, MT, SPOC, M.Div., PBCC

It's official! I got the job!!

In case I haven't spoken with you in the last eight years, you may not know that I have been on a spiritual journey within my USPHS career. If I have shared this with you, please bear with me so that I can fill everyone else in.

In 2014, we lost a fellow officer at my duty station to suicide. It broke my heart to see the pain and anguish on the face of our officers. These officers were hurting and facing the huge responsibility of deploying for the Ebola crisis. I cried out to God to help them, and His response was not what I expected. He wanted me to study theology. This didn't make sense to me. I tried reasoning with God, but, as you can imagine, that was not an acceptable response. I reluctantly surrendered to this calling. It was only in the surrender that my eyes were finally opened and my heart could understand what God was doing.

For the last eight years, I have been advocating for the inclusion of spiritual wellness in our Corps. I have also obtained the necessary credentials which are required for professional chaplains (Master of Divinity, 2,000 hours of practice, Board Certification, etc.). In addition, I have kept in close contact with my mentor, CAPT Catherine Witte, who has been working on the USPHS Chaplaincy Initiative.

After all of this was accomplished, I asked God why He had not answered my prayer and opened a position for me as a chaplain at FCC Butner? His response was very clearly, "I did" (meaning, that's not where He wanted me to go). We don't like it, but sometimes God has a different plan for our lives. Instead of pleading or brooding, I took it as another opportunity to surrender my will to His, and trust that He knows best. I applied for the staff chaplain position at FPC Alderson, and I got the job! West Virginia, here I come! How cool is that!?!

This is not just a victory for me, it is a victory for our Corps. Advancing public health is a part of our mission. Having USPHS officers fill roles in spiritual care advances public health. Supporting the dimension of spiritual wellness strengthens our capacity to promote total wellness for our officers, our nation, and the world.

This does NOT mean that we have a chaplaincy for the USPHS yet. This is only phase II. This means that I will be allowed to fill a non-clinical billet in the role of chaplain for a federal agency. The chaplaincy initiative continues to move forward with the goal of implementation in the future. Your continued support and feedback are both valued and appreciated! Thank you all so much for your prayers and support along this journey!



Education: Rejoice

This term was commonly used among early Christians. It was a call to joy, and it was often used as a salutation.

Spiritual Exercises

1. Article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3572539/pdf/nihms437694.pdf>
2. Book: Rejoice and Tremble by Michael Reeves
3. Journal question: Are you on a spiritual journey? What things have you learned or hope to learn?

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

OBITUARIES

CAPT William Betts

Nashville, Tennessee - Dr. William Anderson Betts died peacefully September 15 after an extended illness. He was 83. A native of Meridian, Mississippi, William was a retired Captain (O6) Scientist Director and a Commissioned Officer in the United States Public Health Service. William devoted his whole life to work that helped others. He was an Eagle Scout and volunteered for the Mississippi National Guard and the U.S. Army Reserve. William also served from 1963-1965 as a Malaria



Specialist in the Republic of South Viet Nam as a volunteer with International Volunteer Services, Inc. (the prototype for the Peace Corps) and worked with the World Health Organization (WHO). He earned a Master of Public Health degree in Environmental Health and Public Health Administration from the University of Minnesota. He earned his Doctor of Public Health degree in Preventive Medicine and Public Health from Tulane University's School of Public Health and Tropical Medicine.

William is survived by daughters and sons-in-law Elizabeth Betts Hickman (John) of Nashville and Catherine Betts Ballenger (Craig) of Hendersonville, Tennessee, granddaughter Ava Brooke Ballenger and beloved cousins in Mississippi, Alabama and Florida.



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