

# Look for the Awe

by Lynn Abrahamson, MPH,  
RN, COF Grants Manager

During February's virtual COA Gathering, RADM (ret.) Anne Schuchat, M.D. shared her insights about the current COVID-19 pandemic, drawing from lessons learned over a long career in public health. Her presentation was titled "Pandemics are Personal. Public Service, Private Resilience."



*retired RADM Anne Schuchat, MD*

provided many valuable lessons.

### **Pandemics are Personal**

Just over a year ago, the first novel coronavirus case was reported in the United States. Since that time, we have witnessed the illness and death of many – both personally and professionally. Reviewing her notes from a November 2020 presentation, Dr.

Schuchat noted there were 230,000 deaths in the US then – today there are 500,000. An "unimaginable" milestone. As we continue to mourn, it is crucial to "recognize the real impact that you (the Commissioned Corps) are having against enormous challenges," Schuchat said.

"Learning from experiences is really important and turning those recommendations into commitments and into actions is also important. Beyond our professional lives, every single one of us, everyone we know – literally everyone on the planet – has been affected by this COVID pandemic," Schuchat said. We must give serious thought as to how best to grow personally and professionally to advance as a public health service and as a Nation.

### **Public Service**

It has been a hard year to be in government. But "we have a chance to learn from what has gone wrong so far

*see AWE continued on page 18*

from the  
Executive  
Director



Jacqueline  
Rychnovsky,  
PhD, RN, CPNP, FAANP  
Captain (ret.), Nurse Corps, US Navy

### **SG and ASH Nominees in Senate**

By the time you are reading this many of you will be seeing buds on the trees, robins searching for worms in moist soil, and daffodils beginning to rise through the ground. We may also have a newly confirmed Surgeon General and Assistant Secretary of Health. On February 25, the Senate Health, Education, Labor & Pensions (HELP) Committee held a confirmation hearing for nominee Vivek Murthy, MD, MBA, as the 21st Surgeon General of the Public Health Service, and Rachel Levine, MD, as the 17th Assistant Secretary for Health.

The process of holding hearings to review candidates is well established. Both Dr. Murthy and Dr. Levine have gone through coaching and practice sessions in preparation for their hearings. They have also undergone a complex vetting process which is intrusive and multi-layered. Before any announcement of nominees is made, the candidates must complete numerous official forms to allow the legal, ethical,

*see EXECUTIVE DIRECTOR on page 7*

# COA Member Benefits

## Capitol Hill Representation

Efforts on Capitol Hill continually support all Commissioned Corps officers – active duty and retired

## Local Representation

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

## Newsletter

Newsletter reports on monthly activities and items of interest about the Corps & COA

## 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, MHA

## NYMC Online MPH

50 percent discount for the online MPH and certificate programs

## Scholarship Program

College scholarships for children and spouses of COA members

## Ribbon

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## Keck School of Medicine

Tuition discount for Master of Public Health degree

## The Ohio State University

In-state tuition for graduate nursing and certification programs



## Legislative Update In Pursuit of Parity

by Judith Rensberger, MS, MPH

In terms of pay and benefits, the COA Board's Legislative Affairs Committee has identified parity with the other federal uniformed services as our top goal. This is not new. The new aspect is our level of detail of what this entails. The COA Board wants to see:

- USPHS active-duty officers given the same new or enhanced benefits as active-duty Armed Services personnel.
- USPHS veterans offered the same benefits as veterans of the Armed Services.
- DD Form 214 adopted and used instead of PHS Form 1867.
- Permanent extension of leave carryover offered to USPHS officers deployed in response to COVID-19.
- U.S. Senate confirmation of all USPHS officers.

Parity is an ongoing issue because legislation of interest and relevance to the USPHS usually originates in the Armed Services Committees (and subcommittees) of both chambers of Congress. The legislative language is almost always “armed” services and rarely “uniformed” services. Moreover, parity must be sought and addressed in terms of specific legislative “asks,” not as an overall good thing. The question is always, “parity in terms of what?” In that regard, COA's Legislative Affairs Committee has sharpened its approach by specifying the matters in which the USPHS wants parity.

Getting the language changed once a bill has left its originating committee is always a Herculean task. Obtaining a heads-up well in advance is not easy. But this month, on one issue, we seem to have lucked out on both counts.

Ordinarily, news of a new Tricare benefit to cover the children of “military” parents would be a matter of concern to us. It would mean that USPHS children would likely be excluded. That is because, under relevant federal law, the USPHS is not a “military” service but a “uniformed service.” The U.S. House proposal known as HR 475, introduced in January, would permit “military” parents to buy health care coverage for their adult children up to age 26. (The additional coverage, though expensive, is important to the parents of young adults whose job prospects during a pandemic may not be good.)

Our immediate concern was that, yet again, USPHS would be left out. In the case of HR 475, however, we were pleased to discover that the actual text of the bill simply strikes the section of the law that establishes a premium for Tricare Young Adult coverage. There is no mention in the bill's text of “armed services.” That is reassuring, but it is not the end of the story. As I write this, HR 475 has no Senate companion. We will keep an eye on this legislation as it progresses.

As always, your thoughts are welcome. Please e-mail me [jrensberger@coausphs.org](mailto:jrensberger@coausphs.org).

# Presidential Unit Citations Awarded to the U.S. Public Health Service Commissioned Corps

by CDR Wanda Wilson-Egbe and CDR Katie Jacques

On January 19, 2021, for the second time ever, the U.S. Public Health Service (USPHS) Commissioned Corps (CC), was awarded the Presidential Unit Citation (PUC), by the U.S. Commander in Chief, President Donald Trump for “extraordinary courage and the highest level of performance in protecting, promoting, and advancing the health and safety of the Nation during the Coronavirus disease 2019 (COVID-19) pandemic beginning January 21, 2020.” The USPHS CC (PUC) is the highest unit award issued to a uniformed service and was first given by President Barack Obama, in 2015, to recognize the Commissioned Corps for “extraordinary courage and the highest level of performance in action throughout the United States Government’s response to the Ebola outbreak.”

The COVID 19 pandemic response began with 28 officers in February 2020 and rapidly expanded to over 4,380 officers and 11,850 deployments since then. A few examples of the deployments include: providing medical care and quarantine measures to repatriated U.S. citizens evacuated from China who may have been exposed to SARS-CoV-2; providing medical care, supplies, prescriptions and behavioral health to American citizens



in Japan on the Diamond Princess cruise ship, as well as the U.S. Embassy; assisting the Centers for Disease Control and Prevention (CDC) with health screenings at US airports, operating community based COVID -19 testing sites; supporting the Remdesivir compassionate use trial in Japan; and serving as assets for federal and non-federal systems that required surge capacity and the sustainment of qualified medical personnel. “The USPHS Commissioned Corps’ activities exemplified unwavering dedication to their mission of protecting, promoting, and advancing the health and safety of the Nation.”

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# PHS COMMISSIONED OFFICERS FOUNDATION *for the* Advancement Of Public Health

## COF President's Corner

# Constant, Consistent, Coordinated, and Confident

by Rear Admiral Steve Solomon, MD, FACP, FIDSA, USPHS (ret.)

In its 2002 report *Who Will Keep the Public Healthy*, the Institute of Medicine wrote:

“At no time in the history of this nation has the public health mission of promoting the public’s health and safety resonated more clearly with the public and the government than now. The events of September 11, 2001 brought public health glaringly into the limelight.”

Over the ensuing 18 years, public health budgets were cut, thousands of public health jobs were lost following the 2008 recession, and in June 2020, an article in *The Nation’s Health* recounting public health workers’ struggles during the pandemic reported:

“For years, U.S. public health advocates sounded the alarm on funding declines, workforce shortages and health inequities, all in an attempt to prevent the stark consequences that unfolded this spring.”

By November 2020, an article in the *American Journal of Public Health* returned full circle, suggesting that:

“Public health and epidemiology are now more recognized by the general public and policy makers than ever before.... The lessons of COVID-19 present an opportunity and an urgency to reimagining public health.”

The American Rescue Plan Act of 2021, just passed at the end of February by the House of Representatives, calls for

one-time funding for the public health workforce, including the Indian Health Service, the Medical Reserve Corps, the Nurse Corps, the National Health Service Corps, and other public health activities. These funds are certainly needed. But emergency, one-time funding is part of the same cycle of awareness, reaction and subsequent forgetfulness that left the United States so ill-prepared in the face of the worst public health disaster in a century.

Ensuring that the public health workforce grows and has a consistent influx of trained professionals depends on having reliable funding and a national recruitment and retention strategy at all educational levels and throughout the career progression of public health workers. The USPHS Commissioned Corps can be the foundation upon which such a national strategy is built. The other uniformed services have such strategies, including ROTC programs and scholarships, student loan forgiveness, mid-career training support and numerous other mechanisms to keep our military services fully prepared and ready to meet threats to our national security. But in the past twelve months, our nation has been attacked, with over half a million deaths so far and economic losses in the trillions of dollars, not by a foreign adversary but by a virus, an attack about which we’ve been warned for several decades and yet were inadequately prepared.

It should be difficult to argue against the establishment of programs to recruit young professionals and maintain a reliable pathway into governmental public health, starting with the USPHS Commissioned Corps, a uniformed service which can supply workforce needs at Federal, state and local levels. Yet, no argument either pro or con is taking place in Congress. While the CARES Act passed in March 2020 established the Ready Reserve Corps, the bill passed in February 2021 never mentions the Commissioned Corps.

In his written testimony to Congress during his confirmation hearings, the Surgeon General-designee, Dr. Vivek Murthy, said that the USPHS Commissioned Corps “has the potential to be an even more robust and resilient force to protect our nation’s health during and between pandemics.” PHS commissioned officers, especially retired officers who face fewer restrictions on their public engagement than do our active-duty colleagues, can remind both the public and policy makers of the need to make the Commissioned Corps larger and more robust, and more resilient with a steady influx of new recruits and ongoing training for active-duty officers. This time, the call to action must be constant, consistent, coordinated, and confident. I hope you will join with COA and COF in ensuring that message is heard.

# Retirees: Front and Center

by Retired CAPT James R. Minor, PharmD, FASHP

I've often wondered how often my fellow retirees ever reflect on their career experiences - their various duty station assignments, memorable patient encounters, or special deployments. Do they recall a resident mentoring experience or other contributions they or their agencies proudly made to protect, promote, and advance the health and safety of our Nation? As for me, that happens daily.

As officers in the USPHS, we've been blessed to have accrued so many rewarding experiences, countless professional colleagues and many truly outstanding and meaningful friendships over the course of our careers.

One special blessing for me, and one that has led me to appreciate many networking, public speaking and publication opportunities, has been my membership in our Commissioned Officers Association. I've maintained membership since coming onto active duty in 1970. As a current Trustee of our PHS Commissioned Officers Foundation, I've come to appreciate more fully the value our COA and COF bring to active duty and retired officers.

I've reached the point in my life when I realize it's time to give back. There are so many ways that retirees can contribute to promoting public health and supporting the next generation of health leaders.

As we manage through the COVID-19 pandemic, have you considered being a force multiplier in your community? Consider ways to dispel the tide of misinformation, overcoming vaccine hesitancy, and promoting interventions that help to mitigate community spread of the virus. Write a letter to the editor. Speak with local media during an online interview. Speak to a civic group, your church, or local schools. As USPHS Retiree, you certainly have the credentials to do so, and you would command the respect and attention of your audiences.

Are you active in your COA Local Branch? Here again, consider all that you have to offer active duty officers nearby. Those currently serving need to hear from officers who have walked these paths before them. Share your knowledge of agencies and experience in navigating a career in the USPHS.

Another example of paying it forward is getting involved in the COA and COF scholarship programs. They select junior officers and civilian students who need some additional funds for a certificate or degree program in a health discipline. Retirees can contribute directly to these important programs by encouraging junior officers to apply, assisting in the selection process of award recipients, and/or presenting one of these distinguished awards to a deserving student.

In closing, I encourage my fellow retirees to support and advance the work of our COA and COF. Please maintain your membership in COA. Reach out to fellow retirees and encourage them to come back into the fold. Remain engaged as public health experts and leaders within your respective communities and seek opportunities to perpetuate the legacy and advance visibility of our esteemed Commissioned Corps.

## ATTENTION RETIREES!

by Judith Rensberger, MS, MPH

Newly retired or a decade ago? I bet you have some hard-earned wisdom to pass along. There is probably an inspiring story or useful lesson you could share. Here is your opportunity!

*Frontline* seeks contributions from USPHS retirees who can offer practical tips to active-duty service members.

You must be a paid-up COA member. If in doubt, then contact Donna Sparrow [dsparrow@coausphs.org](mailto:dsparrow@coausphs.org)

*Frontline* values good writing. Please keep your contributions lean and to-the-point. Tell us your story in fewer than 500 words. Send along a high-resolution photograph, preferably a head shot.

For helpful writing tips, see *Elements of Style*, by William Strunk and E.B. White. It is widely available, both new and second-hand. My 20-year-old 4.5" x 7" paperback is 105 pages. It cost \$7.95 in 2000. (Be assured we get nothing for this admiring recommendation.)

Questions or ready to submit? Contact us at [jrensberger@coausphs.org](mailto:jrensberger@coausphs.org).



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# Board of Directors

## Change

by CDR Kristie Purdy, MS, RDN/LD,  
CDCES, COA Treasurer

"The secret of change is to focus all of  
your energy not on fighting the old, but on  
building the new" ~ Socrates

With each new administration, there is  
change. Change in priorities. Change  
in focus. Change in personnel and  
leadership. Positive or negative, change  
affects us all. We each deal with change  
differently. Some of us run toward it,  
perhaps going so far as to seek it out.  
Others avoid it like the plague.

With the change in administration and  
newly appointed leadership across the  
U.S. Department of Health and Human  
Services, we have an opportunity to  
change. An opportunity to change for the  
better, an opportunity to improve upon  
what we have strived to build thus far.

"Intelligence is the ability to adapt to  
change." ~ Stephen Hawking

The Commissioned Officers Association  
(COA) has an opportunity to leverage  
ourselves for success in this current time  
of change. We have an opportunity to  
share institutional knowledge and educate  
leadership across the administration on  
the role and service of PHS.

In times of change, trust must be  
established. The executive director,  
staff, and board of directors are working  
to establish, and in some instances  
re-establish, relationships across the  
change in administration and leadership.  
The team is working as change managers  
to share information and communicate  
who COA and the USPHS Commissioned  
Corps are, what we do, and why we are  
important.

COA is seizing the opportunity to run  
toward change and seek it out. Our



*CDR Kristie Purdy*

organization is communicating the  
exemplary work each of you are doing  
on behalf of your agency and the Corps.  
COA has communicated to the new  
administration the importance of the  
Corps as America's Health Responders  
and the only uniformed service protecting,  
promoting, and advancing the health and  
safety of the Nation.

As a non-government agency, COA  
has a unique opportunity to establish a  
relationship and reach out to the nominee  
for Assistant Secretary of Health, Dr.  
Rachel Levine, and nominee for Surgeon  
General, Dr. Vivek Murthy. In doing so,  
COA has re-introduced the work of our  
member and let them know COA is here  
to assist in their journey.

During this time of change in leadership  
and personnel, let us not heed to what  
many political commentators refer to as  
"Humpty Dumpty" politics, in putting the  
agencies back together again. Let us use  
this time of change wisely to focus on new  
opportunities, building relationships, and  
growing our brand to promote our service.

Whether change is invigorating or  
challenging, change is a constant in life.  
Let us use each day to embrace the new  
and develop relationships so we may say  
as an organization and for ourselves "day  
one" as opposed to "one day."



# Closing Remarks from Admiral Giroir, Part 2

This is part 2 of the January 2021 COA Gathering where Admiral Brett Giroir, M.D., then outgoing Assistant Secretary for Health, offered remarks to COA members. In this session, moderated by COA Board Chair RADM Brandon Taylor, Admiral Giroir graciously took questions from the audience.

*Sir, we would be interested in hearing about your first day in uniform. What do you remember about it? What impressed you, and what thoughts were going through your head?*

I remember there was an article published about “instant Admirals” and we know of the negative connotations about that, and it really affected me. I really didn’t know how people would respond to me or whether they would even give me a chance. And the first thing I remember is how relieved and grateful I was to the officers and everyone who not only did not reject me, sort of a priori without giving me a chance, but really welcomed me and supported me in every way. I knew where



Admiral Brett Giroir testifies before Congress

my heart was. I knew what I wanted to do. I knew I loved the Corps before I even got here, but what was number one was the incredible relief and energy I got by people in the Corps. I mean, from two stars down to lieutenants, welcoming me and really emphasizing how happy they were to have an ASH in uniform, and

anticipating what I might be able to do. Every morning when I put on the uniform, I never went anywhere without my coin in my pocket or a fresh haircut, knowing that I represent some of the finest people on the planet.

see **GIROIR** on page 17

## **EXECUTIVE DIRECTOR** from page 7

and administrative White House staff to determine the candidate’s appropriateness and suitability for office. Everything is on the table, from finances to personal relationships to political contributions and more. After a nominee’s credentials are submitted to the Senate, the nominee and White House staff schedule multiple meetings with Senators and their staffs. This process can take weeks and must be exhausting. It is a necessary step however, as it gives the Senators and the nominees a chance to get to know each other, their positions, background, and qualifications. It can also help the elected official and nominee to identify areas of weakness and vulnerabilities of each other, a double-edged sword.

Once the meetings have concluded, the hearing is scheduled. Nominees are given the ability to provide a written and oral statement which become part of the official record. Members of the committee

of jurisdiction can ask questions, within a time limit. Depending on the subject and complexity of the questions posed, the 5-minute time limit can either fly by or feel like it will never end. At the conclusion of the hearing, the committee votes on whether to send the nomination to the full Senate. For Cabinet level and controversial nominees, a period of debate, followed by a full recorded vote, occurs. Lower ranking nominees are often approved by unanimous consent without debate.

I hope you had a chance to watch some or all the nomination hearing, either live or by viewing the recorded session. It will help you get to know the nominees who will likely become the new Surgeon General and Assistant Secretary for Health. It will help you understand each of them better as you watch how they responded to questions about the pandemic, vaccine response, vaccine hesitancy, mental health, research integrity, racial justice, health equity, tobacco, substance use, social

isolation, the opening of schools, and transgender issues.

It will invigorate you to hear Dr. Levine say that her entire career has been about helping people live healthy lives, and “As the Assistant Secretary for Health, I would be committed every day to helping the people of our Nation and improving our public health.”

It will please you to hear Dr. Murthy say, “And I am particularly eager to work with one our Nation’s great public health assets, the United States Public Health Service Commissioned Corps, which has already helped our nation respond to Ebola, Zika, H1N1, and COVID-19 and which has the potential to be an even more robust and resilient force to protect our nation’s health during and between pandemics.”

COA looks forward to working with Drs. Murthy and Levine, and all members of the new administration. If you have anything you would like to share, please reach out at [jrychnovsky@coausphs.org](mailto:jrychnovsky@coausphs.org).



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# Collecting Wreaths at Fort Leavenworth

by LCDR Michelle Barbosa, PharmD,  
BCPS

Heart of America

In January, a team of five officers and their families volunteered to collect the wreaths laid on gravesites of fallen troops. Led by LCDR Dan Rector, the team assisted in collecting about 3,000 wreaths placed by volunteers of the Wreaths Across America at Fort Leavenworth Cemetery. Despite snow, the group stayed warm by moving quickly to remove the wreaths. Everyone involved had a great time honoring those who fought for our country.



*From left, Emma Barbosa (daughter of LCDR Michelle Barbosa), LCDR Dan Rector, LCDR Julie Niewoehner, LCDR Brandy Rose, with Krystal Nelson in the back right.*

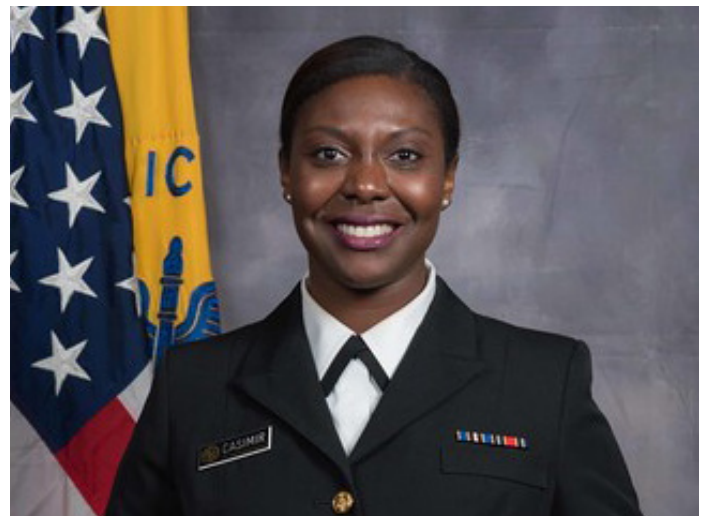
## Habit Re-Formation

by LT Samora Casimir, OTR/L, OTD

How can we change our habits and redefine our daily routine despite the drastic changes this pandemic has forced upon us? We have gone through changes in our work schedule, changes in our children's school schedules, changes in our social habits, and even changes to our exercise routine and sleep practices.

These changes have taken a toll on all of us and even though we are in a new year, some of us are still facing great difficulty with our "new normal." Through recent studies and reports, many healthcare practitioners are sharing some enlightening points about resiliency and habit reformation during tough times.

First, take one day at a time. As the saying goes, tomorrow is not promised to us so taking one day at a time is the best approach to conquer your daily goals. Write down what you would like to accomplish for that day. Hitting small goals and daily milestones provides us encouragement and a sense of accomplishment. Secondly, remember that we are all going through this together. Give yourself and others grace! Think positive and know this too shall pass. We will one day be able to socialize again, hug one another again, shake hands, and stand near one another at the store without being anxious. If you are working from home or home-schooling, developing and maintaining a schedule and routine is vital. Eliminate distractions, try to stay focused and take short mental breaks to remain on task. Turns out, many people have enjoyed working from home. They have realized they can get much more done without office distractions and interruptions. On



*LT Samora Casimir, OTR/L, OTD*

the other hand, many people miss the collegiality and the network building within a work environment.

Adapting to virus mitigation habits was difficult but going back to what used to be maybe even harder since developing a new normal has become habitual. Habit re-formation can be applied professionally and personally. It is also a good time to create new habits and change old ones for the better. Ask yourself how can I be better? How can I be of service to someone else? How can I best manage these changes? Reflect on your habits and how you can refine them. Do you need to sleep more? Or exercise more? Be grounded and true to thyself. Meditate on your personal needs of peace, success and what works best for you to be great. These are some thoughtful insights and encouragement for us all to keep pressing forward and to remain positive. You are doing a great job and we are all going to make it!



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# Leading through a Pandemic in the Last Frontier

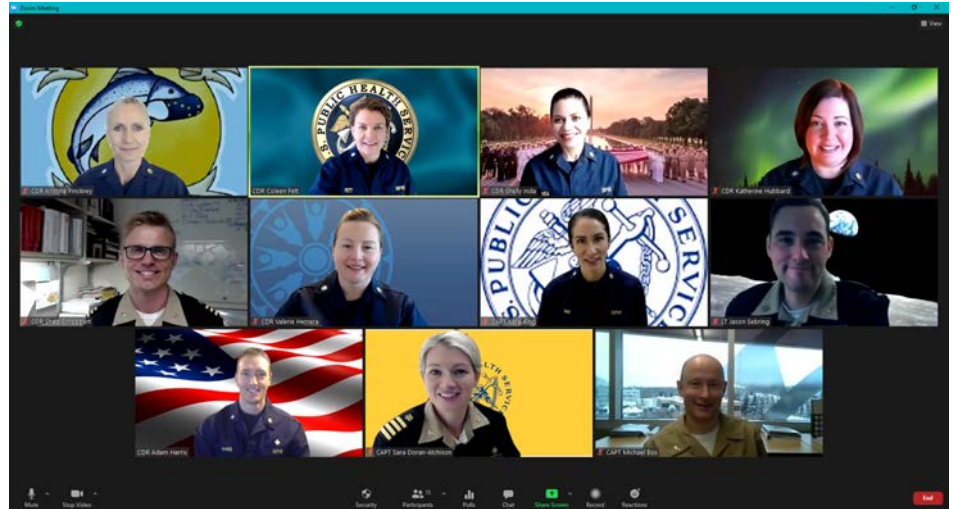
by CDR Coleen Fett, MSN, RN

Beginning in March 2020, it became very apparent that even extreme geographical separation wasn't going to prevent a new pandemic from reaching our doorstep in Alaska, still known as the Last Frontier. Anchorage is home to many USPHS officers assigned to work at the Alaska Native Medical Center (ANMC) campus. We jumped into action and filled key leadership roles within the COVID-19 Incident Command (IC).

On March 11, 2020, the Governor of Alaska issued a declaration of public health disaster emergency in response to the COVID-19 pandemic. Also, ANMC initiated internal Emergency Operations Plans and activated a full IC. USPHS officers were called upon to support 24/7 emergency operations for the tribal health medical center.

CDR Coleen Fett (Nurse) was the Deputy Incident Commander and reported directly to the Incident Commander/ANMC Hospital Administrator. CDR Fett kept leadership and staff organized with IC briefings twice a day, a weekly report to executive leadership and board members, and provided guidance for COVID-19 policies, procedures, and the development of response plans.

CDR Shad Schoppert (Engineer), CDR Valerie Herrera (Environmental Health) and LT Jason Sebring (Engineer) led the Planning Section within the IC structure. As Planning Section Chief, or the "planners" for the IC, this team provided oversight and direction to the Situation Unit and the Documentation Unit. This included planning for Emergency Department triage, campus screening and security, alternate care site development, testing availability and accessibility, PPE Stewardship, safe return to campus, documentation coordination, conference room reservations, and crisis childcare.



As Logistics Section Chief(s), or as the "getters" of the IC, CAPT Kara King and CAPT Sara Doran-Atchison (Pharmacist) helped to organize and gather any items, supplies, and materials for various projects and plans. Logistics provided oversight to the Supply Unit and the Labor Pool, and activated the Grants, Gifts, and Donations branch, to manage grant opportunities and gifts and donations received.

CAPT Michael Box and CDR Katherine Hubbard (Environmental Health) led the Labor Pool. This team developed an electronic system for tracking employee availability, managed assignments and automated supervisor and employee notifications. Labor Pool supported unique staffing needs that included door screeners, personal protective equipment stewards, couriers, warehouse staff, COVID-19 testing staff and many others.

When it was identified that statewide pandemic partnerships were needed to respond and coordinate across all of Alaska in response to the pandemic, a new position was introduced to the long-standing hospital incident command structure (HICS) and an officer, CDR Adam Harris (Pharmacist), was appointed as the Tribal Health Organization (THO) liaison. CDR Harris seamlessly collaborated with

THOs to share information, resources, facilitate questions, and to acquire supplies.

Under the Operations Section as the lead for the 24/7 COVID-19 Test Results Notification Call Center, CDR Shelly Inda (Nurse) fulfilled another position new to hospital incident command. As the lead, CDR Inda developed workflows, scripting and training for the staff providing notification of test results. She collaborated with ANMC leaders in Informatics and developed documentation and workflows within the electronic health record. She also collaborated with Health Information Technology (HIT) to track, validate and ensure accurate reports to support these testing and result notification efforts.

From the onset of the pandemic reaching our Alaskan doorstep and continuing in the response today, Infection Control and Employee Health continue to provide another vital component with ANMC pandemic efforts. CDR Kristine Pinckney (Nurse) led teams to ensure that policies, procedures, and plans were implemented and closely monitored, often updating these daily. CDR Pinckney provided daily and often urgent guidance. With the fast paced response on campus, CDR

see **LAST FRONTIER** continued on page 19



# Tucson COA Honors Veterans at Wreaths across America

by LT Ashley L. Adams, PharmD, MS, BCACP

On December 19, eight USPHS officers volunteered at Wreaths across America at East Lawn Palms Mortuary and Cemetery in Tucson, Arizona. Wreaths across America's mission is to "remember our fallen U.S. Veterans, honor those who serve, and teach your children the value of freedom." It is a yearly event hosted across 2,100 sites in the U.S. each December to honor those who have served in the armed and uniformed services.

Even though there was no ceremony this year, due to the COVID-19 pandemic, over 100 volunteers came to place over 1,700 wreaths throughout the cemetery for Veterans. For each wreath laid, the volunteer was to say the Veteran's name out loud, place the wreath on the grave, and honor the Veteran for their service. During the holiday season, it is a great way to honor those who have served our nation and offer a time for reflection while educating the next generation.



From left: LCDR Elizabeth Van Dyne, LCDR Thuc Ngo, LT Cody Elmer, CDR Brian Hunter, LCDR Crystal McBride, LCDR Chawntel Hunt, LT Ashley Adams, LCDR Melissa McGuinness



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# Resiliency During the Pandemic Response

by LCDR Tracy Avila, MPH, MSW, CHES, and LCDR Pamela L. Ogonowski, MLS (ASCP)

As USPHS officers embark on another year of response to the COVID-19 pandemic, it is important to equip officers with the resources to help maintain their resiliency. To provide support, the Health Services Professional Advisory Committee (HSPAC) would like to highlight some initiatives that serve officers from all categories.

Several activities are supported by the HSPAC Community Wellness (CW) Subcommittee and provide holistic support to officers, helping to meet their physical, mental and emotional needs, empowering them to develop resilience. Continuing the work of developers CAPTs Candace Hander and Indira Harris, the Resilience thru Meditation (RTM) program provides a live, in-person meditation experience for all USPHS officers and their civilian colleagues seeking the benefit of increased connection and support. Meditation and mindfulness practices help mitigate stress, improve the ability to adapt, and expand the capacity for decision-making. The CW Subcommittee is re-releasing this series, ensuring this resource is provided to officers pre- and post-deployment. To

learn more, additional information can be found at <https://dcp.psc.gov/OSG/hso/ocs-resilience-through-meditation.aspx>.

Although the annual USPHS Scientific & Training Symposium is on hold for another year, the HSPAC CW Wellness Events Team, under the direction CAPT Malaysia Harrell and Wellness Room Leads CAPT Janet Cliatt and CDR Nisha Antoine, is developing a virtual wellness room for officers. It will be held in conjunction with the COF Virtual Category Day (date and details are to be determined).

Another resource the HSPAC hopes to activate in Spring 2021 is the "Officer Wellness" program developed by CDRs Ali Danner and Denise Morrison. Officer Wellness will connect officers and their families with a "buddy" for support during deployment and crisis.

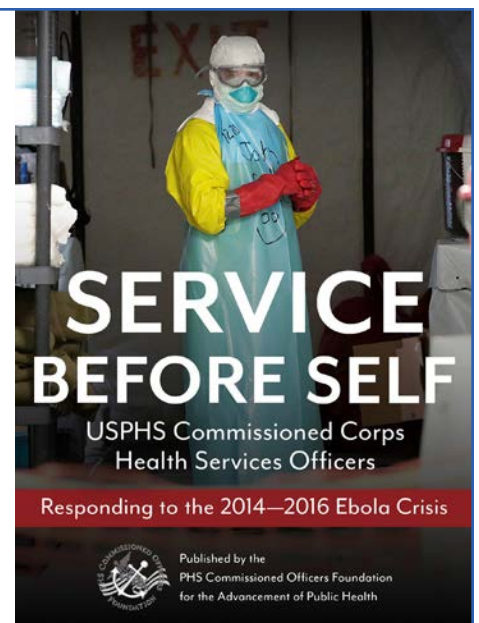
The CW Subcommittee looks forward to partnering with other USPHS groups and will utilize social media to broadly share resources that benefit officers. If you are interested in these initiatives, or if you would like to learn more about opportunities to serve, you may contact the HSPAC CW Subcommittee at [CommunityWellness.HSPAC@gmail.com](mailto:CommunityWellness.HSPAC@gmail.com)



Finally, Operation Corps Strong (OCS), an initiative started under the HSPAC, will continue to support officers, focusing on suicide prevention through education and training across PHS PAC/ Professional Advisory Groups via the H.O.P.E Campaign. H.O.P.E. stands for Hear officers call for help, Offer a helping hand, Provide resources, and Escort if possible. This year, OCS will also focus on increasing awareness of the mental health impacts of COVID-19 and response efforts on officers through resiliency training and education. Officers interested in getting involved with OCS can contact LCDR Nicholas Buhr at [Nicholas.c.buhr.mil@mail.mil](mailto:Nicholas.c.buhr.mil@mail.mil) for more information.

## Coming soon!

COF is publishing a collection of original stories dedicated to all USPHS Health Service Officers who bravely served on the frontlines during the Ebola outbreak. Ordering details will be provided in the April issue of *Frontline*.





# Retiree Voices: Check that PSA

by retired CAPT James E. Sorenson, MPH

About ten years ago, I began preparing for my 30-year retirement. To my complete surprise, my annual physical exam came back with a life-threatening lab value.

Prostate Specific Antigen (PSA) is a marker used in a blood test to screen for prostate cancer. A normal PSA is zero to 4.0 ng/dl. My PSA came in at 106. Upon recheck it was 94. My primary care provider immediately made an oncology referral to the University of California's Cancer Center in San Francisco. Within two weeks I had my first urology visit and got the biopsy results. The biopsy was positive for an extremely aggressive prostate cancer. The Gleason scores were 7 and 8 out of 10 with 10 being the worst.

The good news was that the cancer had not spread outside the prostate. As my perfect James Bond retirement plans began to wane, I prepared myself for treatment. The treatment for my specific cancer was radiation to kill the cancer cells, and hormone therapy (testosterone) to cut off their food supply. The treatment to block testosterone was androgen deprivation therapy (ADT). The medication, known as Lupron, requires a deep intramuscular injection every three months.

In the 1940s, Dr. Charles Huggins discovered that by blocking the production of testosterone in patients with prostate cancer, he

could see a significant improvement. Testosterone appeared to be the main fuel for the cancer cells to grow. For this discovery, Dr. Huggins was awarded the Nobel Prize in Medicine in 1966.

The side effects of androgen deprivation therapy are much like the symptoms of menopause in women. They include anemia, hot flashes, and calcium depletion in the bones.

In retrospect, my PSA never should have reached the level that it did. For more than five years, it was never checked during my annual physical exams. Once the PSA starts to rise, it doubles and then doubles again exponentially. My PSA of 106 could easily have gone over 1,000 ng/ml within two years.

After ten years, I am officially a cancer survivor! Battling cancer can be a full-time job. Diet, exercise, and other lifestyle modifications are all necessary. A word to the wise: check that PSA.

*About the author: James E. Sorenson is a retired Captain, U.S. Public Health Service. Prior to joining the USPHS, he served seven years in the U.S. Navy, including service in Vietnam. His public health career includes assignments with the Indian Health Service, federal Bureau of Prisons, National Health Service Corps, and Immigration and Customs Enforcement.*



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# Spiritual Wellness

by LCDR Katrina Redman, MT, SPOC, MDiv, Chaplain (BGCT)

## What It Means to Say, “I’m Sorry”

Have you ever apologized to someone, but you didn’t mean it? Did it resolve the dispute? Conflict between ourselves and others is often a direct reflection of our spiritual wellness. When our vertical relationship with God is neglected we become less like God, and our horizontal relationships with each other tend to suffer. We all make mistakes that affect others. We will all have to apologize at some point to someone else, and it is important to understand what this really means.

Webster’s Dictionary defines “sorry” as feeling regret or sympathy, being grieved, or feeling wretched. The biblical word for “sorry” is repentance. This is an intimidating word for many people, but it is actually quite beautiful. You see the Greek word that it comes from is metanoia. Meta means change, and noia meaning mind. Repentance literally means to change one’s mind. When we understand this in terms of an apology to someone, it means that we changed our mind about the issue that caused the conflict. That is not something that we necessarily want to do at times. Sometimes we just want the conflict to be resolved but we don’t change our mind about how we responded to it. That’s why an apology can sound empty and meaningless.

Repentance has three stages. The first stage is fear of the consequences of what we did. The second stage is when we



recognize how bad what we did was. The third stage is when we realize how this affects our vertical relationship with God and our horizontal relationships with others. If we don’t progress through the stages, our apologies won’t mean much to ourselves or anyone else, and a change of mind will not occur.

As officers it is our duty to relate to others effectively. Recognizing our own mistakes and genuinely apologizing for them is a critical part of our spiritual wellness and our relationships with each other.

May we all have the courage, humility, and obedience to apologize and mean it.

### Education: What is Karma?

Karma, in Hinduism and Buddhism, is the result of a person’s actions as well as the actions themselves. This term is used to describe the cycle of cause and effect. In Hinduism and Buddhism it is believed that a person’s actions in their past lives will impact their present life and their actions in the present life will impact their future lives.

### Spiritual Exercises

1. Think of a recent or on-going conflict. Write down the other person’s point of view. Write a response using “I” messages (I feel, I don’t want, I heard, etc.)
2. Pray about why you feel or don’t feel remorse for something. Ask for understanding on the issue.
3. Write a letter of apology to someone that you have had a conflict with.
4. Research the 12 steps of Karma at <https://www.healthline.com/healthy/laws-of-karma>

Questions or comments? Contact me at [khredman@hotmail.com](mailto:khredman@hotmail.com).

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### A SPECIAL INTRODUCTION

**Dr. Bernadette Melnyk, PhD, APRN-CNP, FAANP, FNAP, FAAN,**  
Dean, Helene Fuld Health Trust Professor of Evidence-based  
Practice, The Ohio State University.



**WHO** **RADM Boris Lushniak, Former Acting Surgeon General of U.S., and RADM Scott Giberson, Assistant Surgeon General of the U.S.**

**DATE** **Thursday, March 25**

**TIME** **7:00 PM ET**

**REGISTER**

<https://tinyurl.com/marcoagathering>





**GIROIR** from page 7

*Thank you, sir. Can you tell us more about the Corps Doctrine that was just published? What it is, why it was needed, and your vision for it?*

The best thing about the Corps Doctrine is that it was the vision of the Assistant Surgeons General. One of the things that we lost during COVID that I tried to do towards the end was to make sure we were engaging the Assistant Surgeons General and CPOs in a much more meaningful way. The Corps Doctrine is really a definitional doctrine, not tactical. It's telling ourselves and our fellow services in the world who we are, what we stand for, what our values are, and what value we bring. It should transcend administrations. It should transcend decades. Not that it may not be updated in another decade or so, but it's a fundamental piece, an external concrete manifestation of who we are. I encourage you to look at it. It's not perfect but we can be very proud of that document. It's something that we can give to people that's readable and understandable. I hope you all share it. I'm proud of it, primarily because the ASGs put it together, and it's really an outward manifestation of who we are.

*Great. Thank you, sir. Do you plan to write a book?*

I don't plan to write a book. I admit, I've been approached by several different institutions to write a book, but I don't have a desire to do so. I think, I think people who gain an IQ of 200 immediately after they leave the playing field are always suspect to me. I think your actions should speak for themselves. I would like to do a couple of things. One, I would like to try to transmit. I mean, fundamentally, you know, I was a medical school professor. I absolutely believe in students and mentorship and trying to make sure that the people who follow you do what you do better than you did, and don't make the mistakes you did. So, I would like to do that. I sort of had a fantasy a little while ago and I may do this. I really would like to write a movie. I don't know how I can do this, but I'd like to write a screenplay that features the Commissioned Corps going over to Japan, to the Diamond Princess, to show all the things they did to rescue Americans and save Japanese lives.

*Now more than ever the role of public health is important and having a message that is clear to the Nation is critical. How do you envision the public health message changing in a post pandemic world?*

Wow, ok that's a big question so I'm going to say something obvious and trite, but I'm going to say it anyway, because it needs to be said. You can't prepare for public health by a supplemental appropriation after the pandemic hits, it needs to be an ongoing constant investment, across the Nation, in the military, in the public health service, in communities. In terms of information systems, during the first month of the pandemic I'm calling all the hospitals in New York every night just to figure out where the ventilators are. I'm sending Alex Eastman up to figure out what they've got in their stockpile and kicking down doors and looking at that. The infrastructure was bad. Testing--we didn't have a swab in the stockpile, had no idea how to do a test, much less have any information. So, first, I think there needs to be ongoing, really ongoing support. Number two, I don't know what it is, but I do



think the role of the public health service, obviously the stock in our uniformed service, has really risen. You can't be on the podium with the Vice President or the President or in front of the media as much as we have been, at all levels, without raising that, and we need to further capitalize on just that.

I think the CDC is going to have a lot of introspection and I think the public health service is going to need to work with that. I think the CDC has done a tremendous job in some ways, but also showed that they need to focus on their core missions a little bit more, be more operational and by being really focused in the infectious disease space. So, I think there's going to be a look at some key institutions like CDC, and I think public health services is going to have to participate in that what's the role of ASPR vis-a-vis FEMA and how the national response infrastructure comes together. Because clearly early on, we were overwhelmed. HHS did not have the capacity to do this, and this is nothing against ASPR. He's the most qualified ASPR we've ever had because he's been working on this for 20 years. I mean, ASPR is his brainchild when he was in the Senate HELP committee as senior staffer. But this really overwhelmed HHS. You needed FEMA; you needed the military. So, I think there's going to be a lot of rethinking and I would hope that we create or really develop sort of a new framework for these kinds of things, as well as related things that are smaller. I think there are going to be a lot of after action reports. Some of them are going to be political in nature and we're all going to be subject to that. But a lot of them will really need to get down to who we are, and how do we respond? Because this is not going to be the last pandemic, unfortunately, as the world gets closer, as things get scarier from biotechnology, there are going to be more threats.

Admiral Giroir plans to return to the great state of Texas in retirement. To access the Corps Doctrine mentioned by Admiral Giroir, please visit <https://tinyurl.com/corpsdoctrine>



**AWE** from page 1

and to commit to taking the steps to strengthen our defenses,” Schuchat said. Another important reminder - a pledge made by Walter Dowdle, PhD, former CDC leader, to “always place the benefits to society ahead of the benefits to the institution.”

The United States has responded with extraordinary speed and innovation around vaccine development. But supply and distribution issues have been a challenge. Concerns about its effectiveness have also presented a messaging challenge. Work needs to be done to restore public confidence in government. “The way we talk about our public health messages is just as important as what we say” Schuchat said. We must be “open and honest and acknowledge uncertainty” especially in communities that have been poorly served in the past.

### **Private Resilience**

How we work, play, and live has fundamentally changed with the current pandemic. But resilience can help us get through these difficult days. Some people are strengthened through meaningful work. “Certainly, being in the Commissioned Corps is a daily recognition that our work really matters,” Schuchat said.

She shared two additional strategies for building resilience. For instance, dog musher Blair Braverman talks about endurance which may be especially applicable to COA officers working on the frontlines. Like the dog sled team, it is not known how long the assignment/race will last. You should “front load rest” – take a day off before becoming completely exhausted. “It is a lot easier to prevent fatigue than to recover later,” Schuchat said.

Support each other - share stories, use humor, and maintain connectedness with others and with nature. The second tip is from a recent study published in the journal *Emotion*. Researchers from the University of California, San Francisco, found that “awe walks” improve emotional well-being. Study participants who took short walks focusing on their surroundings rather than looking inward reported greater joy and prosocial positive emotions and less daily distress over time.

### **Thoughts for the Future**

RADM Brandon Taylor and retired RADM Steven Solomon facilitated questions from COA members. The COVID-19 pandemic can be a turning point for us as individuals, as public health professionals, and as a Nation. “We have a unique opportunity to redouble our efforts in public health and public service, and hopefully through personal resilience, we can keep at it,” Schuchat said. We must make “long term improvements that will prevent or mitigate the next crisis.”

“And we must strengthen global health security, where every country needs to be able to prevent, detect, and respond to new threats rapidly. We are all interdependent,” said Schuchat. She added that effective communication and science-based interventions, enhanced pipeline programs, and responsible stewardship practices are also essential. If we can learn these lessons well, we will be better prepared for future pandemics.



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## We Welcome New Members of COA, February 1, 2021 to February 28, 2021

CAPT Stacy Barley	LCDR Patrick Lynch
LT Jessica Criss	LT Alan Patterson
LT Sean Griffing	LCDR Christopher Peltier
LT Genevieve Hodges	LCDR Sara Pulliam
LCDR Andrew Klevos	LT Amanda Pullman
LT Michelle Lin	LT Brenda Steiger
CAPT Zhusan Lopez	Ms. Karen Watkins

Photo contest coming soon! Time to start looking for your best photos of Commissioned Corps officers at work or play, providing care, keeping the Nation healthy, or just having fun. Look for additional details in the April issue of *Frontline*.



### LAST FRONTIER from page 11

Pinckney spearheaded a multi-faceted approach to ensure staff were informed of the ongoing pandemic response by creating a QR code with HIT, recording her voice daily to read situational reports on a staff emergency hotline, and publishing most up to date information on the campus shared website, The Hub, and working closely with Marketing. CDR Pinckney's response to the pandemic continues as she leads efforts around employee testing and contact tracings to decrease the risk of transmission.

The officers selected by executive leadership to fulfill these IC roles are recognized leaders and respected colleagues. They demonstrated the deep commitment to the country as America's Health Responders. Despite the obstacles and unknowns, each of the officers excelled in leadership, service, integrity, and excellence, and continues in their roles to protect, promote, and advance the health and safety of the nation. At ANMC, we are proud of their commitment, dedication, and tireless efforts to continue to provide safe care to the Alaska Native peoples across the state of Alaska, and to honorably fulfill the mission of the USPHS.



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