COA Welcomes New Deputy Director

by Jacqueline Rychnovsky, PhD, CAE
Executive Director

On April 18, 2022, the Commissioned Officers Association (COA) of the U.S. Public Health Service will welcome a new staff member with the hiring of Mr. David Corrigan as Deputy Director. A seasoned and dedicated professional with more than ten years of background in service to the community, Dave’s most recent position before joining COA was Field Representative and Veterans and Military Affairs Liaison for U.S. Representative Madeleine Dean (D-04-PA). In this role he was accountable for all military and veteran constituent casework and served as a legislative advisor and veteran outreach coordinator. He implemented and managed the military academies nominations process for the congresswoman, served as her surrogate at in-district events and meetings during congressional legislative sessions, and advised her on the needs of small businesses in her district.

Dave also comes to COA with eight years of active duty and reserve experience with the United States Marine Corps. From 2013 to 2017 he was a Platoon Commander for the Motor Transport Platoon, 6th Communications Battalion. Following that assignment served as Logistics Officer for the Wounded Warrior Battalion (West), and in 2020 became the Assistant Logistics Officer for the 3rd Battalion, 14th Marine Regiment. He currently holds the rank of Captain (O-3) in the United States Marine Corps Reserves.

“I’m looking forward to this incredible opportunity to further the mission of COA and build upon the great work of my predecessor,” said Corrigan. “Over the past few years, I’ve become very familiar with the mission of the U.S. Public Health Service and the challenges facing Commissioned Corps officers. The experience I gained while working for Rep. Dean has provided me with a unique understanding of niche military and veterans issues. I look forward to using my knowledge of the legislative process to advocate for service members, whether active duty, reserve, or veteran. I am eager to serve with the

Mental Health:
It’s Okay to be Not Okay

Your Corps – Your Causes

If you think COA membership is for active-duty officers only, think again. While our membership is seventy five percent active duty and twenty five percent retired officers, any advocacy efforts for veterans will eventually benefit 100 percent of you!

This past month I had the pleasure of working with two individuals, one an active-duty officer and one a recent widow of a retired USPHS officer. The first case was assisting an active-duty Commander stationed with the Coast Guard his entire career. During a meeting with his Veteran Service Organization (VSO) last November to complete his Veterans Administration (VA) disability claim, the VSO rep became stuck on Block 19A, Branch of Service, on VA Form 21-526EZ. “As I was sitting across from him at his desk, wearing my Coast Guard uniform at the time, I told him USPHS. After being told there was no such choice on the form, the VSO rep replied, ‘I’m
COA Member Benefits

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

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

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

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

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

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

NYMC Online MPH
50 percent discount for the online MPH and certificate programs

Scholarship Programs
College scholarships for children and spouses of COA members and high school seniors

The Ohio State University
In-state tuition for graduate nursing and certification programs

Legislative Update

Success, Progress, and Challenge

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

The Legislative Affairs Committee, our Executive Director, and Taylor Strategies have been working hard on your behalf. Here are some updates on those efforts.

Success
The Corporation for National and Community Service (CNCS), established to enhance opportunities for national and community service, is a corporation funded by the federal government. In the FY 2022 draft markup by the Senate Appropriations Committee’s Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS), the LHHS Subcommittee directed the CNCS to collaborate with the Department of Defense, the Office of Personnel Management, and the Peace Corps on developing a strategy for a public awareness campaign on service opportunities. One of our challenges to advocating for you as members of a uniformed service is the Corps’ low public profile. Thus, we reached out to Committee staff and requested that they add the USPHS Commissioned Corps to the public awareness campaign, and they did. The recently enacted Consolidated Appropriations Act of 2022 (P.L. 117-103) included the Senate report language. We hope this will raise the public profile of the USPHS Commissioned Corps.

Progress
One of our goals this year is a permanent fix for the problem of expiring leave. As you know, the statute that governs USPHS Commissioned Corps annual leave, 42 U.S.C 210-1, limits the accumulation of annual leave to 60 days. As a result, for the past two years, COA has gone to Congress to ask for amendments to the Continuing Resolution for each year so you wouldn’t lose your unused annual leave in excess of 60 days. We have been working with the Senate Committee on Health, Education, Labor, and Pensions to permanently increase the limit on accumulated annual leave by amending 42 U.S.C. 210-1. At the end of February, we had the opportunity to review draft legislative text and subsequently learned that the amendment to 42 U.S.C. 210-1 was included in Section 226 of the PREVENT Pandemics Act, see LEGISLATIVE continued on page 22
Aris Foundation Donation Drive

by LCDR Shayne Gallaway, LCDR Jacqueline Kouadio

The Aris Foundation (www.arisfoundation.com) cares for homeless young adults and all individuals, homeless or housed, who need care in Phoenix. Since 2016, Aris has provided food, clothing, and hygiene items; and a connection to loving volunteers who care. They provide additional resources for individuals struggling with substance use disorders.

Direct coordination between LCDR Gallaway (Science Category) and Aris leadership identified an immediate need for adult clothing (pants, shirts) and linens (bath towels, wash cloths) to be provided to homeless adults. A clothing and linen donation drive was organized whereby Commissioned Corps Officers from the Phoenix and East Valley COAs could serve as donation coordinators (to solicit donations), donate items themselves, and/or assist with inventorying and packing donated items at the central collection point.

Officers independently collected donations during February and March, and then brought all items to a central collection drop-off. Seven Officers, one civilian and two family members participated in this event. A total of 351 individual items (equating to approximately $1,755) were donated, including 303 t-shirts, long sleeve/sweatshirts, pairs of pants/shorts, jackets, shoes; and 48 towels and wash cloths.

All items were transported to the Aris Foundation on March 6th and we met with Aris leadership. Aris leadership was overwhelmed with the number of donated items and was extremely grateful. This is the 2nd event coordinated with the Aris Foundation and LCDR Gallaway is planning another event that will take place in June-July. If you are in the Phoenix-area and would like to participate in an upcoming event, please contact us (LCDR Gallaway, MGallaway@cdc.gov).

2018 to 2022:
Our Sense Then and Admiral Levine’s Comments Now

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

In December 2018, a year that is both not too far in the past and very different from where we are today, the Commissioned Officers Association (COA) made an analysis of where the Corps stood and its outlook for 2019. At the time, this pre-pandemic perspective predicted a “Commissioned Corps [that] is trending toward a smaller and more clinical uniformed service.” Alongside these predictions, COA made a wish list of changes we hoped to see in the future. Our 2018 wish list included the following:

• A line-item budget for Commissioned Corps Headquarters
• Funding to train response teams, as required by law
• A modernized information technology (IT) infrastructure for Commissioned Corps Headquarters (CCHQ)
• Funding the authorized Public Health Sciences Track as a pipeline for future Corps officers
• Instituting a force management of officers’ careers and rotating officers through duty stations every 2-4 years, starting with a hardship post, if available, in the first two duty stations
• Fund one officer each year as a USPHS Fellow who will work in a Congressional authorizing or appropriations committee
• Secure the authorization and appropriations for a Reserve Corps
• Fund one Public Affairs Officer in the Office of the Surgeon General whose focus would be the Commissioned Corps
• Train officers on how to engage with media and draft media guidance

see LEVINE continued on page 11

April 2022 | Page 3
The understanding that the U.S. Public Health Service (USPHS) Commissioned Corps is not just a uniformed service, but a military one, is important for more than semantic or even legal reasons. Accepting the USPHS as a branch of the military is necessary to ensure the success of a new and revitalized public health system.

Upon appointment to the USPHS Commissioned Corps, every officer swears to “support and defend the Constitution of the United States against all enemies, foreign and domestic” as does every member of all the other Services. To fulfill the Constitution’s promise to “insure domestic tranquility, provide for the common defense, [and] promote the general welfare” of America’s population, our military must defend against enemies armed not just with the muskets and cannons of the 18th century, but, in the 21st century, enemies wielding modern weapons used to carry out cyberwarfare attacks and bioterrorism. For the past two years, an army of public health and clinical professionals have fought a virus that has led to almost one million reported deaths.

The threat of war as understood when the Constitution was written in 1787 is still very much a frightening reality, as the ongoing tragedy in Ukraine makes abundantly clear. But even armed conflicts are now fought with computers, drones, orbiting surveillance satellites, and other tools including defenses against nuclear, biological, and chemical agents. It must now be apparent that the welfare of the United States is dependent on our ability to ensure optimum protection and defense not just against foreign armies but against epidemics and pandemics of infectious diseases as well as our ability to overcome the social and environmental factors that undermine the health and well-being of so many people in our country.

The battle against ill health and disease, and the collective action necessary to preserve, protect, and promote optimum health for everyone in the U.S. must be seen as a crucial part of national security and national defense equal to the missions of the Department of Defense and the U.S. Coast Guard. The next step in efforts to reform and restructure the public health system will be aided by and may be dependent on an understanding, by the public and decision-makers, that public health is part of the same need for preparedness and capacity for action as any of the other military services.

One of the most debilitating and corrosive effects of the COVID-19 pandemic has been the rapid acceleration of a loss of trust and confidence in public health as a governmental activity and as a scientific enterprise, free of partisanship and ideology. Public health will always sit at the intersection of the health sciences and politics—at least in the sense of politics as “the set of activities associated with decision-making and governance.” But the idea that public health has taken sides in cultural conflicts or in arguments about belief systems has not only undermined our response to the pandemic but threatens our ability to address many other acute and chronic health problems.

Restoring faith in public health may be arduous in our current political environment. Recognizing the role of the Commissioned Corps in national security will be vital to that effort. We honor military servicemembers not only for their courage and sacrifice but also for their specialized knowledge and training. Military units wear distinctive uniforms, and these uniforms are visible reminders of the military’s unique role in defending the United States. Uniforms, as worn by all the services including USPHS Commissioned Corps officers, also convey a unity of purpose and a unity of mission, and mark with great clarity a singular commitment to achieving the goals of that service.

The USPHS March tells us that “in the silent war against disease, no truce is ever seen.” That war must no longer be silent. Rebuilding the public health system around the USPHS Commissioned Corps as a visible, uniformed, military service can be a declaration that it is not just the Commissioned Corps that is united in its mission and purpose, but that we as a nation can agree on everyone’s right to the greatest health they can achieve, and that we are all united in pursuit of that goal.
The work of a correctional psychologist can be extremely challenging, but also highly rewarding. On any given day, one could experience a full scale riot or a breakthrough in a client’s processing of a past trauma. As a field, correctional psychology serves to benefit both the client and society as a whole. Given the fact that approximately 95% of all incarcerated individuals in the United States will return to their communities, the goal of ensuring that returning citizens are prepared for their release is abundantly clear.

While practicing at the United States Penitentiary: Allenwood, I have come to better understand one of the reasons why this population is characterized as “underserved.” The majority of the individuals I have worked with come from communities with limited access to mental health treatment and/or resources. This is unfortunately compounded by the stigma associated with mental health. More specifically, on numerous occasions clients have informed me of how they were discouraged from pursuing mental health treatment, were told their problems were not serious enough to warrant help, or were told only “crazy” people need mental health treatment. As you might expect, more often than not, this feedback came directly from their family and friends. Thus, many continued to suffer in silence or self-medicate. Many have explicitly told me a lack of treatment in the community was a contributing factor to their current incarceration.

Therefore, in my work, I always seek to normalize mental health issues and treatment. This responsibility extends to anyone that engages in direct patient care as it is important for clients to understand it is okay to not be okay and ask for help. At every chance possible, I seek to provide psychoeducation on topics such as emotions (anger being dominant in prison), healthy coping techniques, and communication skills. Most importantly, I acknowledge the dehumanizing aspects of incarceration and always treat the individuals I encounter with dignity and respect. In doing so, I have come to learn how significant it is that the client feels heard and that their life experiences are understood to the fullest extent possible as those past experiences inform who they are today.

As noted above, preparing this population to return to their communities is the ultimate goal. To this end, the better prepared they are, the more likely they are to return and make positive contributions to their communities, thus positively effecting society as a whole.

In closing, based on these experiences, I encourage you, whether a treatment provider or not, to remember there is truly no shame in struggling with mental health issues. This sentiment should be shared with our family, friends, and clients to continually counter the stigma associated with mental health issues and treatment, which persists in this day and age.
Change is Hard

by CDR Kelly Valente, PharmD

Change is hard, but it can be positive too…

March 18, 2022 brought another round of Friday evening policy changes. Undoubtedly, active duty and reserve members felt anxiety. Although we do not know what the rationale is for the timing, we begin to conjecture and over process the new information each weekend updates of new directives are released. How will these changes affect my career path? How will they affect the Commissioned Corps?

When personnel policy changes are issued, it is usually to clarify existing policy. In the face of constant scrutiny, the Commissioned Corps has evolved. Many of us signed up with talking points that no longer exist. Yet, we have adapted and accepted change. Change is uncomfortable, change is difficult.

Over the past 20 years of my career, I always review policy changes and look for the positive. These policies had many.

1) The Corps can increase to 8,000 Regular Corps and 4,000 Ready Reserve officers, respectively. I don’t know about you, but I was ecstatic to see this possibility. More officers could mean more visibility and more opportunity.

2) Officers have greater access to force distribution data and a new tool to plan their careers.

3) Commanders have a seat at the promotion board table. As the number of Captains dwindle, O-6 officers have the potential to become burned out with responsibilities just slated for their rank. Meanwhile, there are many senior Commanders who are very qualified.

4) The policies change in 18 months. We have time to prepare and make mindful decisions.

While I see positives aspects to the latest personnel policies, I too wonder how they will be implemented and how much will change and how much will stay the same.

I appreciate the Chief Professional Officers hosting a “fireside chat” to assist officers with their anxiety. I look forward to more communication from Commissioned Corps Headquarters.

As we all know, we have demonstrated great resilience. We need to be patient. We need to wait until the dust settles and soon, we will be embracing this change and have a stronger Commissioned Corps.

Retirees – Don’t Miss This!!

To my Fellow Retirees across all Categories: The PHS Commissioned Officers Foundation will host our 55th Annual Scientific and Training Symposium on May 23-27 at the beautiful Renaissance Resort Hotel and Spa in Phoenix-Glendale, Arizona. The planning Committee has labored to develop and amazing networking opportunity for us all, as well as a great educational and exhibit program. Don’t miss out on this opportunity to network with former and current members of your Category. And if you’re a Retiree of many years, don’t let that stop you… you’re almost certain to run into fellow Category members you know and perhaps worked with, as well as have a chance to meet many new ones, while enjoying this awesome conference location. As always, we Retirees can strongly influence and offer valuable guidance to today’s Junior Officers and current Category members as they work so hard to develop their own careers and guide our Categories through these challenging times. Get more details and register to attend at www.phscof.org/symposium. Make your plans now to join over 1,100 fellow Officers for the biggest and best COA Symposium ever!! Very Respectfully, CAPT Jim Minor, USPHS (Retired)
Resurgence of East Valley COA

by CDR Robert E. Van Meir, MSW, LCSW, BCD, CCHP-MH, CCTP; LCDR Tiffany H. Smith, RDH, BSDH, MSED, CCHP; LT Regena Hardy, MSW, LISW-S, LCSW, BCD, CCHP; and LT Alyeshka L. Jusino-Acosta, PharmD

The past two years have been a time of stress, and uncertainty. Many officers have been on the front line of the COVID-19 pandemic and self-care and extra activities have become less of a priority as we try to do our jobs and have some type of life. We acknowledge that in 2021 our local chapter was hit hard, and we experienced very trying times. We decided we would do whatever we could to reestablish our chapter and to find our esprit-de-corps.

The East Valley COA in Eloy and Florence, Arizona has created a newsletter, Facebook page, new logo designed by LT Alyeshka Jusino-Acosta, and obtained our very own t-shirts to show our COA Pride. We chose the roadrunner as our mascot. The Hopi and other Pueblo tribes believed that roadrunners were medicine birds and could protect against evil spirits. Their unusual X-shaped footprints are used as sacred symbols to ward off evil in many Pueblo tribes—partially because they invoke the protective power of the roadrunners themselves, and partially because the X-shape of the tracks conceals which direction the bird is headed (thus throwing malignant spirits off track). Stylized roadrunner tracks have been found in the rock art of ancestral Southwestern tribes like the Anasazi and Mogollon cultures, as well. Roadrunner feathers were traditionally used to decorate Pueblo cradleboards as spiritual protection for the baby. In Mexican Indian and American Indian tribes, such as the Pima, it is considered good luck to see a roadrunner. Some Mexican tribes considered the bird sacred, and others used the meat of the of the roadrunner as a folk remedy to cure illness or to boost stamina and strength.

East Valley COA is coordinating more social and community activities with other COA branches in the region, including Tucson and Phoenix. Family members are encouraged to attend. There are two recent examples. One, we gathered for a fun escape room in Tucson. Two, LCDR Tiffany H. Smith worked with other branches to recruit 12 officers who put together 1,040 emergency food bags for the United Food Bank. Each bag helps supplement a family of four during a time of need for three to four days.

The resurgence of East Valley COA and our partnership with other branches is helping to build stronger ties to COA and each other. We look forward to future events like ax throwing and assisting with the 2022 USPHS Symposium in Arizona. We are also excited to host a promotion and award ceremony in July. It will be a night to remember. We are encouraged, excited, and gratified by all the officers involved. Our goal is to increase participation and to provide support to officers and their families.
never takes a day off and neither do we.

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To provide better health care to the TRICARE community, beneficiaries are encouraged to use the pharmacy TRICARE Formulary Search Tool. It provides information about prescriptions, from costs to where they can be filled. The tool is available on the Express Scripts website at www.esrx.com/tform.

Information that can be found in the search tool includes:

- Whether a prescription is generic, brand-name, a non-formulary drug, or a non-covered drug
- Where a prescription can be filled (home delivery, local network pharmacy or military pharmacy) and any applicable copayments
- Coverage details and limitations, such as prior authorization or medical necessity forms
- Information about the drug
- Other medication options

The Formulary Search Tool will provide details when the patient enters their beneficiary status and the type of medication prescribed. Prescriptions can be filled at military pharmacies, TRICARE retail network pharmacies, TRICARE Pharmacy Home Delivery, and non-network pharmacies.

Note that while non-network pharmacies are an option for filling a prescription, non-network pharmacies will not be outlined in the search tool. Beneficiaries going to non-network pharmacies to fill a prescription will need to file and submit a claim for partial reimbursement.

Beneficiaries can also find more information on the search tool in this TRICARE article. Questions can be directed to Express Scripts.

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**Surgeon General’s 5K**

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Junior Officer Spotlight

LT Samora Casimir

Occupational Therapist at the National Institutes of Health, Bethesda, MD

LT Samora Casimir currently serves as the Vice-Chair of the Resilience Subcommittee: TPAC Deployment & Readiness Committee, where she provides training and educational resources to the Therapy Officers on resiliency tips and strategies to help cope with the mental & physical stressors and the demands of deployment. LT Casimir has successfully published resiliency educational documentation issued to all TPAC staff regarding sleep hygiene best practices, wellness apps, and podcasts. LT Casimir also has an article published in the December 2021 edition of the COA Frontline “The Essence of Teamwork,” documenting her experience and learned lessons as a junior officer from her last deployment.

LT Casimir has made great contributions as a member of the Behavioral Health Team: JOAG Readiness and Deployment Committee. She re-named the newsletter to “Practicing Wellness” and has contributed several articles like “Effective Conflict Resolution Strategies” and “What Makes a Good Mentor.”

LT Casimir has been an active member of the TPAC Health Promotions Disease & Prevention subcommittee since 2020. She participated in their latest project of gaining approval from the Surgeon General for dissemination within the community of the brochure “Suicide Prevention” and the Surgeon General’s “Call-to-Action to Control Hypertension.” She currently serves as the Remote Site Coordinator for the Surgeon General’s 5k Run 2022. LT Casimir has faithfully proven her commitment in collaborating with other PHS officers in pursuing and identifying the Surgeon General’s initiatives.

LT Casimir served as the 2020-2021 Co-Lead for the APFT workgroup. Together, she and her partner updated and disseminated the APFT guide to facilitate officers in their physical fitness. The updated version contains more specific guidelines of the various exercises uniformed officers must pass, height-weight standards, and evidence-based physical activity recommendations for adults.

LT Casimir led 10 USPHS virtual athletic events and participated in 38 other athletic events supporting over 300 colleagues in 2021. Over 40 USPHS officers took part in the 20-Year Anniversary 9/11 Remembrance Virtual 5k Run. She is a big supporter of the mission to protect, promote and advance the health of the American people through exercise. She was selected twice as the PHS Athletics Officer Spotlight. LT Casimir enjoys leading virtual athletic events to maintain connections with fellow officers.

LEVINEn from page 3
- Create warrant officers, currently authorized by Congress, to work in human resources and information technology
- Fill the 30 positions allowed under the agreement with the Department of Veterans Affairs
- Expand the agreement with the VA to more than 30 positions
- Agree to place ten USPHS physicians, whose medical education at the Uniformed Services University of the Health Sciences would be funded by the VA, in VA clinics and hospitals
- Create a plan for recruiting the next generation of USPHS members

Fast-forwarding to our covid world in 2022, few could have predicted the transformation of the public perspective on the role and value of public health services; but how much ground has the Commissioned Corps made since our predictions in 2018?

Last month, during the Association of Military Surgeons of the United States (AMSUS) Public Health Service Day, we had the opportunity to hear an updated outlook on the future of the Commissioned Corps. Admiral Rachel Levine, the Assistant Secretary for Health (ASH) and head of the U.S. Public Health Commissioned Corps, spoke to the outlook of the Corps during the virtual Town Hall. The backdrop of the pandemic was ever present in Admiral Levine’s comments, but she emphasized that this pandemic is another example of the Corps’ 20-year-long history of rising to meet the demands of public health emergencies in the 21st Century. Admiral Levine emphasized a central goal to “ensure that the United States Public Health Service Commissioned Corps remains that rapid deployable public health force for our nation to be able to reach people with the greatest need.” Admiral Levine went further to emphasize a commitment, “…to making our service stronger by enhancing training, professional opportunities, and professional development for the Regular Corps, focusing on recruitment and retention of officers, seeking to improve morale and officer well-being, training the public health and emergency response teams, and training a Ready Reserve Corps.” While not outlined in specific policy changes, the emphasis on recruitment, retention and training shows an emboldened outlook for the Corps when compared to our 2018 perspective.
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Member Spotlight

CDR Kemi Asante

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

CDR Kemi Asante is the Lead of the Black Commissioned Officers Advisory Group (BCOAG) Cultural Awareness Workgroup (CAW). She is a proud graduate of two HBCUs: earning a Bachelor of Science degree in Biology from Southern University and A&M College in Baton Rouge, Louisiana and her Doctor of Pharmacy degree from Howard University College of Pharmacy in Washington, D.C. She also holds a Master of Public Health and Graduate Certificate in Global Health from University of Massachusetts Amherst. She commissioned into the USPHS in 2012 and became the Chair of BCOAG in 2018. She is actively involved in diversity, equity, and inclusion (DE&I) efforts within the PHS, her agency, and professional organizations.

The BCOAG is a united group of Public Health Service officers whose principal undertaking is to advise and provide recommendations to the Surgeon General on issues of interest and concerns of Black officers. In addition, members of BCOAG aid in the career advancement and proficient skill development of all officers of every race and ethnicity. BCOAG has consistently advocated for DE&I in the Corps since its chartering in 1990. Under the leadership of RADM Audrey F. Manley (ret.), the group developed a report of recommendations and initiatives on issues pertinent to Black officers for consideration by the Surgeon General at that time, C. Everett Koop, M.D. More recently, to promote diversity in the health-related workforce, BCOAG initiated the Commissioned Officers Foundation (COF) RADM Mishoe Diversity “Believe” Scholarship for High School Seniors, named after RADM Helena Mishoe (ret) who was an active BCOAG senior advisor and advocate for diversity. The scholarship is administered by COF and is awarded to high school seniors from populations burdened by health disparities and that have been shown to be underrepresented in health-related disciplines. These include populations such as racial and ethnic minority groups, rural populations, populations with low socioeconomic status, first generation college students, and individuals with disabilities.

In November 2020, BCOAG formed the CAW as a result of the perilous fight for racial equality and the continuous, untimely deaths of African American citizens such as George Floyd, Breonna Taylor, Ahmaud Arbery, and many others. The purpose of the CAW is to foster open dialogue by reporting various cultural and diversity concerns or issues within the PHS, capture unique perspectives, and propose meaningful solutions. The CAW invited select officers from each of the Chartered Minority Advisory Groups (CMAGs) and the Sexual Orientation and Gender Diversity Advisory Group (SOAGDAG) to participate in a white paper on the different experiences and perspectives from the groups on diversity and inclusion for officers of color within the USPHS. The white paper included recommendations and initiatives for consideration by the Office of the Surgeon General and addressed five topics:


2) Hate Crimes and Discrimination against Asian Americans and Pacific Islanders and Impact of Racism on Asian Pacific American Officers

3) Investigating Equitable Policies within the United States Public Health Service

4) Assessing the Racial and Ethnic Demographics of the United States Public Health Service and

5) Increasing Cultural Awareness in the United States Public Health Service.

Some of BCOAG CAW planned activities include a webinar on environmental justice, two town halls for officers to have open dialogue on matters related to DE&I and anti-racism, and collaboration with the other CMAGs on cultural education events.
Improving the quality of life in our communities takes passion and dedication. Express Scripts is proud to support the efforts of the USPHS Scientific and Training Symposium. We’ve delivered for military service members and their families throughout our 18-year partnership with the Department of Defense, so we appreciate and recognize the focus, readiness and support it takes to be prepared at a moment’s notice.

We’re thankful for your incredible work in support of Public Health and look forward to continuing our partnership in the future.

To learn more about the benefits we bring to over 10M+ members, visit express-scripts.com.
Member Spotlight

LCDR Mouhamed Halwani, MPH, M.S., CHES®, MB (ASCP)CM, Chair, Greater NY COA
by LCDR Suzanne Redmon, RDH, BSDH, MSHI

As a junior officer (JO), it is important to get connected with other PHS officers, agencies, committees, groups, and associations. These connections help grow knowledge, experience, mentors, friends, and broaden horizons for career movement and growth.

LCDR Mouhamed Halwani is a JO, is Chair of the Greater NY Commissioned Officer Association (COA), and Co-Chair (Chair Elect) of the Policy and Procedures Committee on the Junior Officer Advisory Group (JOAG). He has extensive experience and knowledge on how to get connected as a JO. In his role with JOAG, he leads the committee in establishing guidelines and operating procedures governing JOAG. As Chair Elect his next role will be to serve as Chair and learn from shadowing the current Chair, LCDR Stephanie Mros.

LCDR Halwani explained, “I felt lost and overwhelmed as a new officer but was inspired by senior officers who helped me understand things more clearly and taught me that we all look out for one another. They helped me develop as a leader and guide me to different activities I could support and places to find other opportunities and information. After joining JOAG, it surprised me how large my network of fellow officers has become, how like-minded we are, and how much I have learned.”

JOs have a wide variety of entities to join, volunteer, and contribute to enhance skills, experience, and Officership while connecting with other officers. LCDR Halwani explains JOAG and the importance of membership, “JOAG is a chartered group and resource to promote successful careers in the USPHS. It is comprised of 22 voting members selected from each USPHS category, to represent all JO categories, PHS agencies, and non-PHS programs staffed by Commissioned Corps personnel. JOAG offers many opportunities to aid in officer development and expand networks. I encourage officers to join a subcommittee of interest, and one subcommittee outside their comfort zone. JOAG members are knowledgeable professionals representing a cross section of interests, concerns, and responsibilities. JOAG also provides advice and consultation to the Surgeon General, Chief Professional Officers (CPOs), Professional Advisory Committees (PACs), and other Commissioned Corps groups on issues relating to professional practice and personnel activities affecting JO’s.”

LCDR Halwani also shared a few other entities he has joined that JOs could consider joining, “I am the Health Services PAC (HSPAC) - JOAG Liaison. I conduct public health outreach events regularly as the Team Commander for the HHS Region II, Surgeon General’s Education Team (SGET). I was the HSPAC Executive Secretary the last two years but transitioned to become a Voting Member and Co-Chair of the HSPAC Career Development Committee. I am also the president of the Greater NY COA chapter.”

As parting thoughts for other JOs, LCDR Halwani says, “Remind yourself why you chose to serve, and don’t do things for the sake of promotion, but do them because you know your contributions can make a difference.”

Register now to hear Dr. Leana Wen speak at the 2022 USPHS Scientific & Training Symposium.

Tuesday, May 24, 10:45 am

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**OBITUARIES**

**CAPT Bob Isaac Gregerman**

Captain Robert (Bob) Isaac Gregerman, USPHS (Ret.) a Life Member of COA, passed away peacefully at home in San Antonio, Texas on October 6, 2021, at age 91. Throughout a distinguished career of over six decades, Dr. Gregerman made significant contributions as a leading researcher in the fields of endocrinology and gerontology.

He was admired for his knowledge and integrity, his generous mentorship of physicians-in-training, and his skilful commitment to the care of patients. In 1951, he graduated from Harvard College, magna cum laude, with a degree in biology. As an undergraduate, he worked in the laboratory of future Nobel Laureate George Wald, with whom he published several scientific papers that contributed to Wald’s award. After graduating from Tufts University School of Medicine in 1955 and completing residency in internal medicine, Dr. Gregerman moved to Baltimore to conduct medical research at the Gerontology Research Center (GRC) of the National Institute on Aging. In 1961, as a commissioned officer in the United States Public Health Service, Dr. Gregerman established and led the endocrinology laboratory of the GRC at the Baltimore City Hospitals, where he conducted some of the first human studies on the metabolic effects of aging. He joined the faculty of the Johns Hopkins School of Medicine and became director of the Hopkins Bayview Research Center Division of Endocrinology. In 1988, he became Professor of Medicine in Geriatrics and Endocrinology at Hopkins. Dr. Gregerman’s bibliography includes over 100 research papers published in major journals, as well as chapters in textbooks including Principles of Geriatric Medicine and Gerontology, Williams Textbook of Endocrinology, and Principles of Ambulatory Medicine.

Dr. Gregerman is survived by his wife of 64 years, Marjorie Bender Gregerman; daughters Lisa Gregerman and Debra Gregerman; son-in-law Shaun Grady; and granddaughters Rachel Grady, Jenna Grady, and Eva Lanoue; sister (-in-law) Barbara Rosenberger; beloved nieces, nephews, and cousins; dear friends and colleagues.

**CAPT Chuck Francis Costa**

COA Life Member Captain Charles (Chuck) Francis Costa, USPHS (Ret.), passed away on August 29, 2021, in Dallas, Texas. Born on March 20, 1939, Chuck was the first of his family to attend college, earning a Civil Engineering degree from the University of Massachusetts in Amherst in 1961 and a graduate degree in Radiation Health Physics from the University of Michigan in 1968. He was fascinated by the nuclear weapons testing program and served in the U.S. Public Health Service from 1962 to 1992, assigned to the Environmental Protection Agency from 1970 to 1992. In this capacity he helped establish a radiation monitoring program for northern Nevada and Utah. Upon cessation of the above-ground testing program, Chuck continued his work monitoring the radiation from below-ground weapons testing, ultimately working his way up from Field Monitor to becoming a member of the Advisory Panel for the weapons testing program. During his years with the PHS and the EPA, he had many cherished experiences, including radiation monitoring in Amchitka in the Aleutian Islands as well as in Enewetak in the Marshall Islands. He also participated in the cleanup of the Three-Mile Island nuclear accident in Pennsylvania as well as that of the Exxon Valdez oil spill in Alaska. After retiring from Los Alamos, Chuck worked tirelessly to support and promote the National Atomic Testing Museum in Las Vegas. Chuck is survived by his daughters Elizabeth Costa Hamilton-Mangum (Marvin) and Susan Marie Costa (Mark Fakler). A memorial service was held November 13, 2021.

**CAPT Leo Weaver**

CAPT Leo Weaver, USPHS (Ret.), 96, a Life Member of COA, passed away on October 16, 2021. He lived a life of public service, with a focus on family and a strong faith in God. Raised in Clifton, New Jersey, served in the U.S. Army from 1943 to 1946 in the 1251 Engineer Combat Battalion in the European Theater. Following WWII, he completed college at New York University in 1948, and began his career as an environmental engineer. During his first USPHS assignment in Washington, D.C., he met the love of his life, Mary Louise Spoonamore. Leo’s career took them to North Dakota, North Carolina, Louisiana, Montana, Illinois, and Maryland. Throughout their 71 years together, they raised six children and enjoyed spending time with them, their grandchildren and great grandchildren. A grave side military service at Sunset Memorial Cemetery occurred on November 1, 2021.
OBITUARIES

CAPT William Paul Heffernan
COA member Captain William Paul Heffernan, USPHS (Ret.), 81, of Wakefield, Massachusetts, passed away on October 11, 2021, after a long illness. The son of William “Doc” and Margaret “Peg,” Paul was a graduate of St. Clement High School, The Massachusetts College of Pharmacy, and the University of Rhode Island. As a Commissioned Officer of the U.S. Public Health Service, Paul enjoyed a distinguished career of 25 years, rising through the ranks to Director Grade 0-6, Captain. During his varied career assignments in health-related research, Paul developed and published microbiological methods of assessing shellfish quality in Rhode Island, conducted toxicology research of water contaminants in Cincinnati, and while on detail to the U.S. Environmental Protection Agency in Boston, was the recipient of the EPA Gold Medal for exceptional service and innovation. Paul published numerous articles and research in scientific and trade journals. Since his retirement in 1986, Paul had been the proprietor of a consulting service to state and local government agencies, schools, and public and commercial entities and a training provider in matters pertaining to asbestos identification and control.

Paul is survived by his spouse of 57 years, the former Eileen Hooley of Arlington. His interment occurred on October 15, 2021, in Forest Glade Cemetery, Wakefield, Massachusetts.

CDR James Lawrence Snowden
CDR James Lawrence Snowden, USPHS (Ret.), 90 years young of San Pedro California, passed away peacefully on Friday, September 17, 2021, in his home after a long battle with Parkinson’s disease. A Life Member of COA, James joined the Air Force and worked in medical services. There he found his calling to pharmacology. Thus, when he left the Air Force, he obtained his degree from Howard University in Pharmacology. With that degree, he began his career as a Pharmacist in the Public Health Service working at the National Institutes of Health. He served in the Public Health Service for over 25 years before retiring to continue his pharmacy career at San Pedro Peninsula Hospital and Harbor General Hospital. He was laid to rest on October 5, 2021, at Green Hills Memorial Park, Rancho Palos, California.

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Who are you?

No, I don’t need a list of credentials, a photo of you in uniform, or a call from your mom (not that I wouldn’t LOVE to talk to her!). I just couldn’t leave the topic of confession without discussing creeds and how they relate to our identity.

Creeds are statements of confession. They can be defined as a set of beliefs or aims which guide someone’s actions. Many can relate to religious creeds. For example, the Apostle’s Creed and Nicene Creed are statements defining Christian beliefs. However, you may not know that even superheroes like Spiderman and Green Lantern have creeds. Basically, they are guiding principles in life.

Why is this important? Because it is critical in knowing who we are. My pastor quoted a theologian this morning who stated that, “the vessel that we construct to hold our hope will be the one we value the most and identify with.” Our identity and our value in this world are dependent upon what, or whom, we look to for hope. If our hope lies in our spiritual beliefs, then when we confess those beliefs through words, thoughts, and deeds, we affirm our identity and purpose in the world. It is our testimony, the verbal affirmation and outward presentation of our beliefs.

Last week, I preached my first sermon, went through Catechism – a time of question and answer before a board of ministers – and I was ordained as a minister of the Gospel. I was anointed with oil, given charges by multiple ministers, and given the right hand of fellowship by my fellow believers. It was an amazing experience! I know who I am. I know my purpose. I have affirmed it, defended it, and I am stepping forward into the work that God has called me to do with the support of my church. Confessing my creed has drawn me one step closer to my goal of serving as a chaplain for the United States Public Health Service. I am so ready to go to work for you all!

May we all have the courage to confess who we are, what we believe, and where, or on whom, our hope rests. My thoughts and prayers are with you all.

Education: Rites of Passage

Rites of Passage are used in many different belief systems (i.e. Judaism, Islam, Zoroastrianism, and African traditional belief systems). They mark a significant change in the person’s identity in society, they are essential for how the person is viewed by society, and they include a phase, usually brief, in which the person is neither in the preceding nor the resultant stage, but is a nonentity within society.

Spiritual Exercises

1. Read The American Creed: A Spiritual and Patriotic Primer by Forrest Church.
2. Research the belief statements or constitution of your own belief system and reflect on those.
3. Learn about the cost of confession by reading about those who were martyred for their beliefs.
4. Learn about creeds at https://theunlimitedprojectdotcom.wordpress.com/2014/08/26/7-notable-creeds/

Questions? Comments? Contact me at khredman@hotmail.com.
CALL FOR APPLICATIONS:

2022 FAMILY MEMBER SCHOLARSHIPS

ABOUT

The PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) will be offering Family Membership Scholarships for the 2022-2023 academic year. These scholarships are funded by active duty and retired Public Health Service (PHS) officers, Commissioned Officers Association (COA) Local Branches, and other donors.

HISTORY

The Family Member Scholarship program was established in 2006 by the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF). Funding is available to high school seniors, undergraduate, and graduate students who are sponsored by a COA member in good standing.

ELIGIBILITY

Biological, step, adopted child/ grandchild or spouse of a COA member.

DEADLINE

The application period is MARCH 15 – MAY 13, 2022. The recipients for the scholarship will be announced in June 2022.

APPLY

Find more information at: PHSCOF.ORG/SCHOLARSHIPS/FAMILY-MEMBER-SCHOLARSHIPS/
Commissioned Corps and continue the important mission of COA.”

In addition to Dave’s experience in the Marine Corps and work with the congresswoman, he is a nationally registered Emergency Medical Technician with the Second Alarmers Rescue Squad in Willow Grove, Pennsylvania and a Lieutenant and Volunteer Firefighter with the Edge Hill Fire Company #1 in Glenside, Pennsylvania. He received his Bachelor of Science degree in Landscape Architecture from Temple University in 2011. He and his wife Jessica, a registered dietitian, have two daughters, Sophia and Nora.

We are excited to have Dave join COA’s team. He’s done an outstanding job working for Rep. Dean and we are confident he will be a great fit for COA. If you are planning to attend the 55th Annual USPHS Scientific & Training Symposium, please give a warm welcome to Dave as you see him around.

great to put Coast Guard.” When the officer’s claim was not processed within the timeline the Benefits Delivery at Discharge (BDD) program mandates, he grew concerned that cause for the delay was the inaccurate report in block 19A so he reached out to COA.

I spoke with another officer who retired in 2019 about how his VSO handled block 19A. The officer replied, “My VSO rep just created a new box and wrote in USPHS.” Smart move, but as the first officer aptly states, “Writing USPHS into Block 19A is the correct choice, of course, but one that requires an insider’s knowledge of the form and a courageous willingness to color outside the lines. I lacked that knowledge and courage in November and would guess I wasn’t unusual. The form therefore has the built-in proclivity to complicate and delay the disability claims of separating PHS officers. It was updated to reflect Space Force (founded in 2019). Why not PHS?” All good points, Commander!

COA quickly sprung to action and contacted the Veterans Administration. Beth Murphy, Executive Director of Compensation Service at the VA, quickly engaged her policy team. Less than one week later I received a message from Ms. Murphy that said “We have determined that an update to our EZ form is needed, and we will be taking corrective action. Thank you for bringing this to our attention.” She anticipates that the form will be updated by June 2022 to include both USPHS and NOAA in Box 19A. Until then, if you or your VSO is completing this form, make sure to write USPHS as a choice in block 19A. It is okay to color outside the lines from time to time.

The next call came from a widow who lost her husband almost one year ago in an accident. Her husband served for several years in the U.S. Navy, then after completing dental training, transitioned to the USPHS where he practiced dentistry for decades and retired as a Captain. Both the deceased Captain and his wife were enormously proud of his USPHS service and desired to have his USPHS rank noted on his headstone. As the widow sorted through reams of papers left behind, she found numerous mementos and records from his time in both services but could not find the one piece of paper she needed, his PHS 1867, Statement of Service. For the past nine months, this widow had been calling agency after agency, looking for his “PHS DD214” When I explained that she needed to be looking for a PHS 1867, she spent another few days going through her papers, to no avail. Since time was of the essence for this octogenarian, COA took the lead and contacted the Deputy Undersecretary for Field Programs and Cemetery Operations at the VA National Cemetery Administration. He and his staff worked with the funeral home, using alternate records that were visible to the VA, to verify his eligibility. I was pleased to hear from her this week when she called to tell me that the headstone marker was ordered and on its way. Another satisfied customer.

In the next few months COA will be revealing a new branding platform which will include a refreshed logo, and a new position statement and tag line. As a sneak peak of what’s to come, I will leave you with the new COA tagline since it describes the two stories in this column. “Your Corps – Your Causes.”
S.3799. The language proposed therein will increase the limit on accumulated annual leave to 120 days.

Challenge

The Military Lending Act (MLA), 10 U.S.C. 987, was enacted to protect active duty servicemembers and their dependents from unscrupulous lending practices, such as usurious interest rates by payday lenders. Unfortunately, the definition of Covered Member in the MLA means a member of the armed forces. As a result, USPHS officers and their dependents are not covered by the MLA. One product of the MLA is a database administered by the Defense Manpower Data Center (DMDC). Lenders and creditors use the MLA database to verify the service status of borrowers. Unlike the DMDC’s Servicemembers Civil Relief Act (SCRA) database, USPHS officers are not in the MLA database. COA has heard from several members that they have been refused free premium credit cards because of the MLA status of the Commissioned Corps.

We recently had conversations with the majority and minority staff of the House and Senate Armed Services Committees about amending the MLA to change the definition of Covered Member. We learned that this will be a very heavy lift. We would have to get buy-in from all the committees of jurisdiction in both the House and the Senate (Banking, Financial Services, etc.). In addition, the MLA is not popular with the financial services industry. There are two risks because of that: First, any amendments would likely be vigorously opposed by those powerful lobbies. Second, opening the MLA to amendments would give those interest groups the opportunity to weaken the MLA. Nevertheless, COA sent a letter requesting the amendment to the chairs and ranking members of the House and Senate Armed Services Committees, cosigned by 20 veterans and military service organizations (VSOs and MSOs) who are members of The Military Coalition (TMC). In addition, the MLA amendment was included in the TMC Guard and Reserve Subcommittee’s goals for FY 22. We will keep you updated on any progress on this challenging goal.

A final note about the MLA. We contacted the Consumer Financial Protection Bureau (CFPB) to inquire about the obligations of creditors under the MLA. The CFPB responded that offers to waive annual fees for servicemembers are often promotional offers made by the credit card companies themselves and not part of the MLA. It would also be a decision made by a credit card company to include members of the USPHS in promotional offers made to all servicemembers. This means that even if we were successful in amending the definition of Covered Member in the MLA, and the MLA database was modified as a result, credit card companies could still decide not to extend special offers to USPHS officers.

APPLICATIONS OPEN NOW

JOIN A COA COMMITTEE!

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

DEADLINE MAY 31, 2022

https://tinyurl.com/2022coacommitees
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^ C. Everett Koop Living Legacy Fund
All other donations were made to the COF General Fund

We Welcome New Members of COA, March 1 - March 31, 2022

LCDR Naomi Aspaas Maryland
CDR Kevin Bates Virginia
LT Rosecelie Benigno Alaska
LT Jessica Bluto New Mexico
LT Robert Brown Maryland
ENS Lu Chen Maryland
LT Frances Chinea Perez North Carolina
LT Hailey Colangeli Virginia
CDR Joyce Davis Texas
ENS Janell Dickerson North Carolina
LCDR Laura Dubinsky Arizona
LCDR Jeremy Dubinsky Arizona
LT Jiali He Maryland
LT Shaneka Holmes Texas
LCDR Jean Kang Virginia
LT Ashley Krumenacker Arizona
LTJG Joel Lawrence Texas
LT Ngoc Le New Mexico
LT Elina Lee Texas
LT Jia Leo Virginia
LT Ryan Lynch Arizona
LT Krista Montgomery Maryland
LTJG Chelsie Morrison District of Columbia
CDR Kimberly Nguyen Maryland
LT Clement Okine Maryland
LT Ruth Oni Pennsylvania
LT Anthony Powell Pennsylvania

This will serve as a new way to emphasize the value of diversity and inclusion more effectively in the Corps.

• Creation of the Public Health Service Officer Wellness Workgroup, which will meet regularly with leadership to discuss ways to work and improve morale.

While not every item on our 2018 wish list has been fulfilled, our initial prediction of “a smaller and more clinical” oriented corps seems to have been disproven. The need for the Commissioned Corps in combating the unique health challenges of the 21st century has been made clear. Further, the emphasis on recruitment, retention, training, and modernization spoke to the essence of our 2018 wish list. It is our hope that these changes will continue to evolve and improve for Commissioned Corps officers everywhere, and that the leadership of the Corps fulfills its commitment to improving officer morale and well-being.

LEVINE from page 11
On a more tangible front, Admiral Levine did also speak to some specific changes and improvements including:

• A new partnership agreement with the Office of the Director of National Intelligence

• Fruition of the VHA clinical hours Memorandum of Understanding (for more details: https://dcp.psc.gov/ccmis/VHA_MOU.aspx)

• The pipeline of officers who receive training through an array of programs such as the Georgetown Legislative Program, DARPA, the Joint Medical Executive Skills Institute Capstone, the Interagency Institute for Federal Health Care Executives, and Command and General Staff Officer Courses will be maintained.

• The creation of “The Ethnicity Survey Tool,” which will allow USPHS officers to securely update their ethnicity and race information in their readiness and deployment self-service application.
The COA (ISSN 10937161) is published monthly except a combined issue January/February and June/July by the Commissioned Officers Association of the United States Public Health Service, 8201 Corporate Drive, Suite 615, Landover, MD 20785, (301) 731-9080; Fax, (301) 731-9084; Periodicals Postage Paid at Hyattsville, MD and additional mailing offices. POSTMASTER: Send address changes to PO Box 189, Cheltenham, MD 20623. A report of timely information concerning activities of the Commissioned Corps of the U.S. Public Health Service. Distributed exclusively to Association Members.

Executive Director
Jacqueline Rychnovsky, PhD, FAANP, CAE
Captain (ret.), Nurse Corps,
US Navy
jrychnovsky@coausphs.org

Chief Financial Officer
Teresa Hayden Foley
thayden@coausphs.org

Deputy Director
David Corrigan
docrrigan@coausphs.org

Membership Coordinator
Donna Sparrow
dsparrow@coausphs.org

Director of Administration
Erica Robinson
erobinson@coausphs.org

Grants Manager
Lynn Abrahamson
labrahamson@coausphs.org

Contractor
John McElligott
jmcelligott@coausphs.org

Producer
Qurveball Media, Victor Perea

Leading Edge Conferences
Tim O’Neill
symposium@phscnof.org

Group Insurance - AGIA
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