Giroir Confirmed as Assistant Secretary for Health

After spending the better part of a year in that special limbo occupied by nominees for Senate-confirmable offices whose confirmation has been delayed, Dr. Brett Giroir was confirmed unanimously on 7 February. He was sworn in on 15 February in a private ceremony, with a public swearing-in at a later date.

Dr. Giroir is a Texas-based physician with terrific experience in both government and academia. He served as Deputy Director and then Director of the Defense Science Office of the Defense Advanced Research Projects Agency (DARPA). He was Chief Executive Officer of the Texas A&M Health Science Center and was Vice Chancellor of the Texas A&M University System.

COA has had several conversations with Dr. Giroir and worked actively in support of his confirmation, as it did when Dr. Karen De Salvo was nominated to the same office during the Obama administration. COA’s efforts on behalf of Dr. Giroir included sending letters to both the Republican and Democratic Senate Leaders; sending a letter to Sen. Patty Murray, Ranking Democrat on the Senate Health, Education, Labor & Pensions Committee; reaching out to Democratic Leader Sen. Chuck Schumer’s legislative assistant for health and touting Dr. Giroir’s credentials; and asking all COA retiree members to contact their Senators on Dr. Giroir’s behalf. COA does not know whether any of these actions contributed to the confirmation, but they might well have done so.

COA looks forward to a fine relationship with the new “ASH,” as the position is often called. Dr. Giroir has stated publicly that he will don the uniform and rank of a four-star USPHS admiral when he is sworn in, making him the highest-ranking officer in the Commissioned Corps.
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 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

$7,500 for Online Degrees
$7,500 scholarships to earn online degrees, which include:
- MPH@GW
- MHA@GW
- HealthInformatics@GW
- MBA@UNC
- MBA@Simmons
- HealthcareMBA@Simmons
- IRonline (American)
- MBA@American

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

Legislative Update

Whistleblower Protections for PHS

by Judy Rensberger

Six years ago, COA staff got wind of Congressional proposals that would provide legal safeguards for active-duty military personnel who could otherwise find themselves in big trouble for blowing the whistle on waste, fraud, and abuse at the Pentagon or within each of the Armed Services. The idea was to protect and encourage service members to speak up in the public interest without fear of retaliation.

Military Whistleblower Law
As often happens, no one on Capitol Hill had thought to mention the U.S. Public Health Service in these early legislative proposals. COA staff scrambled to get PHS officers included, and we ultimately succeeded. Although I have long since discarded my notes on this intense effort, I do remember one thing clearly: the help of Sen. Charles Grassley (R-IA), Chair of the Senate Judiciary Committee, and his staff. I doubt we could have succeeded without their support.

The Military Whistleblower Protection Act is Public Law 112-144. It took effect on July 9, 2012, and applies to disclosures (whistleblowing) made after that date. The legal citation is 10 U.S.C. Sec. 1034.

DHHS Implementation
Once Congress approved the Military Whistleblower Act, with PHS officers covered, COA staff pivoted to the next (unrelated) crisis. COA is stretched too thin to monitor closely the years of rulemaking often required to implement federal statutes at the agency and sub-agency levels. Regarding whistleblowers, we are now looking back and catching up.

DHHS and the Office of the Surgeon General explained how to implement the federal statute in 2013, just a year after it was passed. They revised and updated the document last year. It is Commissioned Corps Directive CCD 121.06, which took effect on January 11, 2017. Its purpose is to make clear how the Department must handle complaints from PHS officers alleging whistleblower retaliation. Here is the link on the COA website: http://www.coausphs.org/media/1776/hhs-commissioned-corps-directive-on-protected-communications-whistleblowing-11-jan-2017.pdf

Most of the directive (three pages plus a seven-page appendix) seems straightforward. It defines whistleblower. It defines protected communications. It says that PHS officers are free to make protected communications, and they will be free from reprisals for having made them. The standard of proof is a preponderance of the evidence. The protections apply to all PHS officers, whether working within DHHS or detailed to other executive branch agencies. Officials responding to allegations of retaliation cannot drag things out; they face time limits. Responsibility for implementing the directive

see LEGISLATIVE continued on page 18
Walk & 5K To End HIV: USPHS Cares – Creating Opportunities to Serve

by LCDRs Kristen Cole and Candice Cottle-Delisle

For the past thirty years, the Annual Walk & 5K To End HIV is where thousands of people come together to walk or run to support people with HIV/AIDS and the Whitman-Walker Health’s mission. The event was held this year on Saturday, October 28, and started and finished at the Washington, D.C., Freedom Plaza. The Whitman-Walker Health’s Walk & 5K To End HIV is a fundraising walk and timed-run. This year was a huge success, with beautiful weather. According to Whitman-Walker Health, Washington, D.C., is a city where three percent of adults knowingly have HIV, and an additional three percent are unknowingly infected with HIV.

The “USPHS Cares” Committee has been participating in this event for the past eight years. The DC COA “USPHS Cares” Team participation and fundraising activities in the Walk & 5K To End HIV not only promotes fitness and community contribution, but also increases USPHS officer visibility. The mission of Whitman-...
Greetings, fellow officers,

I hope that the first few months of the new year have been going well for all of you. Like others, I was shocked to hear about the snafu of the health professionals' specialty pay which came to light the end of January. The team at COA headquarters has done what it can to bring additional information to the active duty officers affected by this issue, and I applaud Colonel Currie for his "direct to the top" approach for clear information and action. It's because of the great relationship that COA/COF has with the Office of the Surgeon General that allowed him to just pick up the phone and start to get answers.

While it doesn’t relieve the financial stress for officers affected by this issue, please know that all of us associated with COA/COF are working to help where we can. Jim's outreach to USAA Financial Services leadership to bring them up to date on the negative financial impact for officers and encourage them to be there for any officer who needs short term help was another testimony of the work our COA staff perform for all of us.

If you are reading this column, you are likely a dues-paying member of COA; we need to promote what we do for ALL officers to those who choose not to pay their dues but get the benefits of our efforts. Having worn the uniform, I am keenly aware of how officers are limited in promoting private, outside organizations, especially among those who might be junior to you in rank. But, there are ways to promote the value of membership to coworkers without putting yourself in any jeopardy. Asking someone that you suspect isn’t a member whether they have "read the latest edition of " might prompt an answer like, "what's "? Here's your chance to share a link so they can take a look at our organization. The bang-for-the buck that this organization provides is substantial. Growing our membership is everyone’s responsibility.

At our quarterly Trustees call the end of January, our Foundation Treasurer, CAPT Bill Haffner, reported our financial status as STRONG. Well, it just got a lot STRONGER! This week we learned that a former USPHS CAPTAIN named Martha Barclay-Giel left her $4.6 million estate to our Foundation. Yes, that’s $4.6 million. This single bequest is the largest in our Foundation’s history, and it tripled our financial portfolio. This generous donation from a long-time COA/COF supporter will allow us to do more to promote the value of the USPHS to the nation and to support officers in many ways. (See story in by COL Jim Currie with more information on CAPTAIN Barclay-Giel.)

Our Board has met via telcon to work on our 2019-2023 Strategic Plan and to further discuss characteristics of future Foundation Trustees. We expect to have this updated plan available by our Dallas Symposium. If you know former PHS officers or national public health leaders that you think could be good Trustees, please share their names with me or our COA /COF staff.

We keep getting closer to our family reunion in Dallas in June. Plans are coming together; we are firming up plenary speakers and getting our educational sessions accredited. Your planning team led by RADM Pam Schweitzer and CDR Deborah Dee are hard at work. I want to give a special “shout out” to all the officers who are working to make this symposium the best one ever. THANK YOU for all our energy and passion. Just as I’m looking forward to the daffodils and tulips popping up in the coming weeks, I’m really looking forward to attending our 2018 Dallas COF Symposium and catching up with many of you.
Non-Taxable Reimbursement for Official Moves

When the tax reform package was passed last fall, the US Public Health Service was left out of the language that exempted members of the military services from paying taxes on reimbursements originating in official moves. We heard from a member who was told of an enormous tax obligation. The Internal Revenue Service (IRS) then saved the day with its interpretation which favored USPHS officers.

Here is an excerpt from the email the COA member received:

“There has possibly been a change concerning your relocation. The U.S. House and Senate have passed U.S. tax reform legislation with most changes taking effect Jan. 1, 2018.”

As expected, the legislation eliminates the deduction and exclusion for moving expenses.

All other entitlements will now be taxable, including your Household Goods Shipment(s) and all utilized storage. All Payments issued after January 1, 2018 will be taxable regardless of when the cost was incurred.”

COA immediately contacted Surgeon General VADM Jerome Adams, who responded that he was aware of this situation and was working on it.

Here’s the second email that went to the COA member from the Treasury Department:

From: ‘PCS Travel’ <PCSTravel@fiscal.treasury.gov>
Subject: Retraction - Relocation Tax Update
Date: 28 December 2017 16:10
The email [above] was sent in error last week. The only taxable item for Commissioned Corps will continue to be the PPT Incentive.

Here’s what we found on the IRS website:

Eligibility for Military Tax Benefits

“You must be serving or have served in one of the following organizations to be eligible for military tax benefits. For specific information on benefits, go to the Military home page.

United States Armed Forces

Uniformed Services of the United States

If you are a member of either organization solely categorized as a uniformed service, you are eligible for the same benefits as the armed forces.

United States Public Health Service Commissioned Corps
National Oceanic and Atmospheric Administration Commissioned Officer Corps”

Note. The United States has seven uniformed services, including the five armed forces and two organizations listed above. This IRS determination indicates that USPHS officers will not be punished because of the oversight of the Congressional tax-writing committees.

While we at COA are not happy that USPHS and NOAA officers were left out of the legislative provision that specifically applies to members of the military services, we believe that there is no problem at present. We will continue to monitor the situation and ask that any member who is told differently from what we have outlined above contact us immediately.

RADM (ret.) Lushniak Receives Honor

Commissioned Officers Foundation Trustee RADM (ret.) Dr. Boris Lushniak was recently honored by the American Public Health Association by being named to the position of “Vice President for the United States.” RADM Lushniak was notified of his selection to this position in a letter last summer, though it was not publicly announced until the January 2018 issue of The Nation’s Health, the APHA newsletter. According to RADM Lushniak, this is “strictly an honorary position with no responsibilities and no duties.”

Editorial note: That sounds like a perfect position to us.

RADM Lushniak retired from the U.S. Public Health Service in 2015 after twenty-seven years in the Commissioned Corps. He served as Deputy Surgeon General from 2010-15 and as Acting Surgeon General in 2013-14. He is currently Dean of the School of Public Health at the University of Maryland.
The United States Public Health Service (USPHS) is a caring, dedicated team of people. Our daily routines and the fact that many people do not know who we are can sometimes cause us to feel unimportant, invisible, forget why we are here, and forget what matters. Serving our country and caring for people can refresh that purpose through deployment. Being deployed to Puerto Rico brought warmth to my soul, and a sense of fulfillment and purpose through helping the Puerto Rican people, seeing their gratitude, and working with the other branches of service and countless other agencies.

I was fortunate as a Tier 3 Roster D member to be deployed to Puerto Rico for a month. It was not a quick process, and patience was a virtue. I began by volunteering to go to Texas for Hurricane Harvey with an RDF team. I was ready and on alert status, but it was not my time. I watched my coworkers go and come from Harvey as Hurricane Irma approached, and again I was on alert status. My coworkers deployed while I waited.

Then Hurricane Maria hit and my time came to become part of a new RDF team specially created to serve in Puerto Rico. RDF Coqui-1 (pronounced “Co-Kee”) was made up of officers from all RDF teams, and other rosters. CAPT Brandon Taylor and CAPT Cynthia Kunkel were the amazing commanders of RDF Coqui-1. CAPT Taylor explained to our team the significance of the Coqui name for our RDF team. Since our team was made up of officers from so many deployment teams and rosters it needed a unique name, and a name that represented Puerto Rico. The Coqui name came from the quarter sized, non-poisonous Coqui frog unique to Puerto Rico.

Coqui-1 was an amazing group that worked together as a team, treated each other as family, and took on a variety of assignments as our purpose evolved daily. We went in ready to staff a Federal Medical Station (FMS). We had to be split up into numerous groups to fill many different roles all across Puerto Rico. To mention a few: some Coqui-1 staffed an FMS, some of us cleaned Bayamon hospital to make it viable for use as an FMS, some went to work with IRCT-OPS, while others went out daily in search of other buildings for additional FMS locations on the island. Although we were separated and scattered across the island, we became forever friends and gained career mentors that made us better people and better officers.

I was fortunate every day to be a part of many different assignments.

- I met an amazing team of Italians that came to assist in housing and meals. The Italians supplemented their staff with Puerto Rican staff and worked side-by-side with smiles and laughter. It was amazing to see them all come together as if they knew each other.
- I learned daily from new training provided by our own officers in such things as safety, triage, and FMS set up, and I learned a massive amount about Puerto Rican history, their culture, and their beliefs.
- Cleaning up Bayamon hospital was a challenge due to standing water in the building on all floors, missing walls, leaking ceilings, no air conditioning, and active patients present in the hospital. The staff and patients greeted us with hugs and tears of appreciation, and eventually the hospital was viable to open an FMS and treat patients.
- My next assignment was with IRCT-OPS working with the underserved population outreach. I spent the day working with the Army, Navy, Marines, Customs and Border Protection (CBP), Homeland Security Investigations Police (HSI), FEMA, National Disaster Medical System (NDMS), Salvation Army, and many other agencies.
Aurora Borealis Commissioned Officers Association networks with CAPT Bob Pawlowski (ret) of the National Oceanic and Atmospheric Administration (NOAA) and Alaska Senator Costello

by CDR Shelly Inda, CDR Molly Rutledge, LCDR Katie Jacques and CAPT Pawlowski NOAA (ret)

State-Level Advocacy in Alaska: COA Branch Advocacy at Its Finest

On Tuesday, 9 January 2018, Aurora Borealis (Alaska) officers, CDR Shelly Inda and CDR Molly Rutledge had the unique opportunity of networking with CAPT Bob Pawlowski (ret.) of NOAA and share their stories with Senator Mia Costello. CAPT Pawlowski (ret.) is the Military Officers Association of America (MOAA) Captain Cook Chapter Legislative Lead. He invited CDRs Inda and Rutledge to assist in educating Senator Costello on the important role of the United States Public Health Service (USPHS) and how its officers impact the health and welfare across the state of Alaska.

CDR Inda was able to share the unique experiences she has had caring for women from two separate Indian Health Service duty locations. CDR Inda’s background is in the Labor and Delivery/Obstetric specialty, and she has had the opportunity and honor of serving women from a variety of backgrounds and cultures carrying normal and high-risk pregnancies. CDR Inda spoke to similarities in challenges especially faced by those living remotely. She shared the importance in understanding and facilitating the needs of patients as they travel great distances to receive the care necessary to maintain and safely carry out a pregnancy, with the ultimate goal of delivering a healthy newborn.

CDR Inda spoke of her passion in being able to assist in the quality of care provided not only to those mothers receiving care locally, but also in the overall outreach provided by the USPHS at the State level, including remote villages and communities. The mission of the USPHS is to protect, promote and advance the health and safety of our nation, and CDR Inda believes that is what the USPHS Officers do every day. CDR Inda also shared the role of the USPHS beyond the Alaska border, especially as it pertained to deployment potential in matters of extreme public health and safety such as the Ebola outbreak and responses by Corps Officers to the recent and remote hurricane responses.

CDR Molly Rutledge provided insight into the work of pediatric intensive care. As the only active duty speech-language pathologist (SLP) serving in a neonatal intensive care unit (NICU), CDR Rutledge is tasked with providing evidenced-based oral motor and oral feeding therapy to infants born as early as 32 weeks gestation. Like CDR Inda, CDR Rutledge spoke of the significance of seamless care coordination at a State-wide level. Knowing there are USPHS Officers stationed in regional clinics across the State that can assist families is reassuring to CDR Rutledge in her provision of pediatric care.

CAPT Pawlowski (ret.) expanded on the historical response of the United States Public Health Service. He is also advocating for a companion to Alaska House of Representatives HB-194, which would recognize USPHS and NOAA Officers as veterans, to be introduced in the Alaska Senate.
I put together teams of USPHS Officers and NDMS medical professionals to go into underserved areas in the mountains to take supplies, do community and health assessments, and identify critical patients. Our teams were transported on helicopters, Humvees, or Jeeps by the Army, CBP, Marines, HSI for security and the Navy. I compiled these assessments into reports and forms for supplies and care for patients. I saw critical patients extracted by Jeep or helicopters to our FMS facilities or to the USNS Comfort. I worked with HSI, NDMS, and DoD Ambulance members to donate diapers, money, toys, blankets, pillows, and more to families we reached in the remote areas of the mountains. The people sang to us, and offered us what little food they had in appreciation for our care. Whether flying into the mountains or working behind the scenes on the ground, I felt the love and appreciation that brought many of us to tears at the gratitude expressed to us. There are individual stories and patients I will never forget that we reached, extracted, and transported for critical care.

The days were long and hard with no days or weekends off. Some days we worked 16 hours. I felt fortunate to have a place to stay always remembering the state of mind and poor conditions the citizens were in, with no homes and loss of all of their possessions. Circumstances were unpredictable such as moving billeting sometimes daily from a ship, to hotel, to tents. Most of us at times had limited or no food, water, restrooms, shelter, etc. However, all branches came together as a team. It was amazing. The billeting locations experienced power outages, no running water, and one of my billeting locations caught fire. Some officers had wild life, no toilet paper, and gunshot victims dropped at the doors of the FMS. You would think these circumstances would cause burn-out and grumpy people, but seeing the Puerto Rican people who lost everything, who needed us, and who appreciated us, brought joy to everyone. All the branches and agencies worked together in unison, with energy, love, respect, and camaraderie as if we had always worked together. No one teased or commented about anyone being from a different branch. We were all one team one mission.

For years I had contemplated joining an RDF team. This deployment I was part of RDF Coqui-1. I went home and joined RDF-5 as fast as I could. Deploying renewed my sense of purpose as a USPHS Officer. I was sad to leave my new friends, my Coqui-1 family behind, and more sad to leave Puerto Rico with so much work to be done, and so many people in need. I was also fortunate to be able to create the designs for a commemorative RDF Coqui-1 coin and apparel, and see these creations come to fruition with assistance from CDR Chris Poulson.

I want to say a heartfelt thank you to RDF Coqui-1 commanders CAPT Taylor and CAPT Kunkel, my Coqui-1 family, all the branches and other agencies, and to the citizens of Puerto Rico for allowing me to be a part of this amazing mission with you all.
Book Review

Relationship between Family Income and Obesity

by Col. Jim Currie, USA (ret.), Ph.D., Executive Director

Self-published by Charles D. Boison, Ph.D.

This slight volume is the published version of the dissertation that LCDR Boison researched and wrote in fulfillment of requirements for his doctoral degree at Walden University. The topic is of great relevance to officers in the U.S. Public Health Service and, indeed, to those who are concerned about either obesity or healthcare inequity or both. LCDR Boison’s study centered on residents of Durham, NC, a city in the central part of the State that has a large population of African-Americans making up 38 percent of the residents there. According to LCDR Boison, his purpose in undertaking this study was to “provide a qualitative insight into the relationship that might exist between income earned by African American families in Durham, NC, and how this contributes to obesity.” He had earlier laid out the proposition, based on numerous other studies, that income level is tied to obesity levels. In LCDR Boison’s words, “In NC, it has been documented that the highest income group has the highest percentage of people at healthy weight and the lowest income brackets show the highest percentage of obesity.”

According to LCDR Boison, some 65.7% of adult North Carolinians are either overweight or obese. Most of these individuals do not exercise regularly, and they have very poor eating habits. Of North Carolina households with income levels of $15,000 or less, the percentage of obese and overweight individuals is 70%.

Boison conducted his research using thirty individuals who agreed to work with him. Participants had educational levels ranging from a doctorate to less than a high school diploma and household incomes from less than $10,000 to over $170,000. Body Mass Indexes (BMI) ranged from 23 to 63. The latter would be considered “morbidly obese.”

LCDR Boison determined from his study that income level was a “factor in the choice of food purchased and consumed.” He also found that educational level influenced both family income, hardly a surprise there, and the type of foods consumed and the amount of exercise undertaken. Almost everyone in the study (29 of 30) stated that they preferred to eat at home, rather than in fast-food restaurants. Despite these stated preferences, several participants said that they did frequent fast-food places, a behavior which may lead one toward obesity.

In answering the question that makes up the title of this book, Boison found that by a ratio of almost 2:1, family income has a significant effect on the type of food consumed.

LCDR Boison’s dissertation, while not breaking new ground in the study of health disparities and income, confirmed what might seem to be self-evident: income is tied to educational level, and both are tied to degree of obesity, with other factors having a lesser effect. Regardless of whether many of us might have thought that these results were quite predictable, data that results from a carefully-conducted study are always useful.

We won! Officers at BOP Facilities are to be Recognized for their Seniority

The Federal Labor Relations Authority (FLRA) has ruled in favor of the Federal Bureau of Prisons and against the American Federation of Government Employees. In a decision released on 22 February and found on the COA website at http://www.coausphs.org/media/1775/flra-decision-22-feb-2018.pdf In a split decision the FLRA ruled that BOP management has the right to determine how PHS officers and civilian BOP employees are assigned their work shifts.

We don’t know how soon the BOP leadership will implement this decision or precisely how they will implement it, but we fully expect that the practice at BOP facilities nation-wide will result in federal prisons having two rosters, each of them based on seniority within the BOP: one for PHS officers and one for civilians.

COA has been actively involved in changing the status quo that favored civilian, unionized employees. We met with current and past BOP leadership and with union leadership and just over a month ago filed an amicus brief with the FLRA, found on the COA website at http://www.coausphs.org/media/1745/amicus-brief-c-flra-january-2018-002.pdf.

The FLRA did not accept our reasoning with regard to the Uniformed Services Employment and Reemployment Rights ACT, and we believe they were wrong in not doing so, but we applaud their decision overall. This decision will bring much-needed relief to USPHS officers serving at the BOP.
LCDR Michael Anderson, PT, DPT, CWS

LCDR Michael Anderson, PT, DPT, CWS, is the Chief of Rehabilitation Services and a Certified Wound Specialist at Federal Medical Center, Devens within the Bureau of Prisons (BOP). As Chief Therapist, he manages a team of occupational and physical therapists (PT) that provide direct patient care to nearly 1,200 inmates. LCDR Anderson established a wound care team at his institution which includes himself, a wound care certified nurse, and the Clinical Director. This effort has improved the ability of the institution to meet its medical mission and manage high-risk, medically-challenged inmates. LCDR Anderson is frequently consulted throughout the BOP by his colleagues for assistance in developing appropriate and effective plans of care and to review cases to determine whether a patient needs to be transferred to a medical center for a higher level of care.

LCDR Anderson actively recruits for the United States Public Health Service (USPHS) and has fully staffed his department, with one new officer currently pending Senate confirmation. He presents to local Physical Therapy schools and discusses his experiences and educates on the unique and rewarding opportunities of being a USPHS Officer within the BOP. These efforts have resulted in FMC Devens taking PT students for clinical internships, with one student scheduled for January 2018.

LCDR Anderson is a member of RDF-5 and recently had the opportunity to deploy to Puerto Rico as part of RDF Coqui-1 (October 2017). While there, he served as the team’s wound care specialist and as a physical therapist. He evaluated complex, chronic wounds and collaborated with the primary care teams and leadership to create effective and efficient plans of care for the patients, based on available resources. LCDR Anderson also had the privilege of participating in a community outreach mission with the Puerto Rican State Guard to assist in identifying appropriate patients for the FMS in local homes and shelters.

Join the NYCOA Branch as it celebrates its 4th annual Anchor and Caduceus Dinner!

Save the date! Saturday, April 21st, 2018 5-9pm at the Raritan Yacht Club, Perth Amboy, NJ  $50/pp  Email Onieka.Carpenter@fda.hhs.gov
Additional details to follow in April’s Frontline
March 2018  |  Page 11

Deck the halls! On December 7, 2017, at the Food and Drug Administration (FDA) White Oak Campus in Silver Spring, MD, the USPHS Music Ensemble, in collaboration with the FDA Commissioned Corps Officer Network (FCON), officially kicked off the holiday season with the 2nd Annual Holiday “Mingle & Jingle” concert and networking event. The dual mission of the event was to share holiday cheer through music and to increase networking opportunities by helping officers make connections.

After several musicians expressed a desire to perform holiday music to celebrate the season, the Music Ensemble introduced the inaugural Holiday “Mingle & Jingle” Concert in the DC metropolitan area in 2016. The first year’s event was so well received that the Music Ensemble returned in 2017 for a second holiday concert filled with cheerful music and fun surprises. The event was accented by complimentary hot cocoa and holiday cookies, made possible by District of Columbia Commissioned Officers Association (DCCOA).

This year’s performance was marked by distinguished guests with a special announcement. We were honored to have the newly-appointed 20th Surgeon General, VADM Jerome Adams, as our special guest! It was the first time VADM Jerome Adams attended a Music Ensemble performance since he was sworn in, and it was his first chance to meet the “Surgeon General’s Own” Music Ensemble. Other special guests included Deputy Surgeon General, RADM Sylvia Trent-Adams; Assistant Surgeon General, RADM Palmer Orlandi; FDA Acting Chief Scientist, RADM Denise Hinton; Executive Director of the Commissioned Officers Association, Col. Jim Currie, USA (Ret.); and co-founder of the USPHS Music Ensemble, CAPT (Ret.) John Bartko. We were awed by an extra special guest who helped to make the musical extravaganza complete - an appearance from a very special visitor from the North Pole, Santa Claus himself!

The Ceremonial Band, conducted by CAPT Brian Lewis and CAPT Juliette Touré, performed holiday classics such as “A Charlie Brown Christmas,” “Christmas Festival,” and “Christmas Eve (Sarajevo),” accented with electric guitar and electric bass. They also did a reprise performance of highlights from the movie Frozen.

The DC Choral Group, conducted by CDR Michael Ahmadi, performed a variety of perennial holiday favorites including “I’ll be Home for Christmas,” “Rudolph the Red-Nosed Reindeer,” “Santa Claus is Coming to Town,” and “This Christmas.” Audience members sang along and danced to the music. The band and choral group then jointly performed a special rendition of “Jingle see CONCERT continued on page 13
The event was Operation Thanksgiving. The place was a small local church in Shiprock, New Mexico. The day was 23 November 2017. And by all accounts, a good time was had by all!

Operation Thanksgiving is a service that Dineh Christian Church has been hosting for several years. The event is geared towards helping feed the poor and homeless in Shiprock as well as the public service workers in the community who are on-duty over the holiday. COA Members CDR Natalie Cambridge, LT Robin Tanner, LTJG Melendy Caboni, LCDR Janet Hayes, LCDR Tanya Noble, LT Fiona Chao, and CAPT Julie Niven helped prepare and serve over a hundred and twenty-five meals and then clean up afterwards.

The workday started before sunrise and the church kitchen was a-buzz with activity. Every burner on the immense gas stove was lit and Mary, one of the lead parishioners, stood watch over all while stirring a large pot of gravy. Cynthia “Sammy”, another lead parishioner, paired workers with various tasks until the main and side dishes were all complete. That’s when the assembly line was formed and we began filling clamshell trays with dinners for delivery to the homeless as well as the various public servants around town.

Once the busiest part was all over, some hours later, we were invited to eat some of what we had helped cook after which we went our separate ways home to our own personal Thanksgivings - feeling just that much more thankful.

**Life Member Leaves Bequest to the Foundation**

COA Life member (since 1958) Martha Georgia Barclay-Giel died at her home in Fort Myers, FL, on 2 July 2017. She was 100 years old. Born in Paoli, IN, to Martha George Elliott and John Alfred Barclay, she attended Earlham College in Richmond, IN, from which she graduated in 1939. She received an MS degree in Public Health and served in the Commissioned Corps of the US Public Health Service, retiring as a Captain. She was predeceased by her husband, Dr. Bohdan Giel, MD.

CAPT (ret.) Barclay-Giel was a regular donor to the PHS Foundation for the Advancement of Public Health, the 501(c)(3) entity that sponsors the yearly scientific and training symposium and contributes to other activities of the Commissioned Corps, including leadership training. Over the past few years CAPT (ret.) Barclay-Giel had contributed $120,000 to the Foundation. Foundation staff were astonished to learn that she had bequeathed most of her assets to the Foundation, a total of over $4.6 million. This is the largest donation the Foundation has ever received.

During her PHS career, CAPT Barclay-Giel served in several field assignments as a Medical Records Administrator in the HSO category. During the 1970s, she was the Chief of Medical Records for the old PHS Division of Hospitals and Clinics (closed in 1981), based in their Maryland headquarters. Colleagues remember Martha Barclay as a consummate professional, dedicated to the PHS and the commissioned corps. She recruited and mentored countless junior officers and civilian staff under her supervision.

Foundation Board of Trustees President RADM (ret.) Mike Milner had this to say about the bequest: “These funds from CAPT (ret.) Barclay-Giel triple the Foundation’s endowment. We will now be...”
BEQUEST from page 12
able to do even more to advance public health. We will honor her memory with a plaque in our conference room.”

The Foundation is most grateful for the confidence CAPT (ret.) Barclay-Giel placed in it by making this bequest. Her will did not specifically indicate why she had decided to leave such a large portion of her estate to the Foundation, but we will do our best to continue efforts to advance public health, as is the Foundation’s mission.

CONCERT from page 11
Bell Rock” and “Rockin’ Around the Christmas Tree” featuring our electric guitarist, CDR Brian Elza, and saxophonist, CDR Brad Cunningham. As the song concluded and the concert came to an end, the audience applauded exuberantly and wound up in a standing ovation!

During the concert, VADM Adams honored the Ensemble members with the issuance of the newly-minted Music Ensemble uniform device. The uniform device affirmed the importance of the Music Ensemble’s contribution towards the Commissioned Corps. As a token of appreciation and recognition, VADM Adams presented the device to CAPT (ret.) John Bartko; to the current Music Ensemble Co-Executive Director, CAPT Mary McMaster; and to and former Music Ensemble Co-Executive Director, CAPT (ret.) Paul Hepp, who advocated for the creation of the uniform device. VADM Adams also took the opportunity to share his personal story about his love for music, and his love of singing.

Special thanks goes to CAPT Karen Muñoz, who proposed and spearheaded the original concept. The organization and coordination of this year’s event was led by CAPT Karen Muñoz, CDR Duong (Diane) Nhu, LCDR Kelly Leong for the Music Ensemble, and FCON leadership. Also crucial to the success of this event was the support of the volunteers who assisted with concert logistics. Overall, the festive event helped brighten the day of over 260 attendees and kicked off the holiday season with glee.
Save the Date

The USPHS Music Ensemble

Annual Concert

At the 2018 Scientific & Training Symposium

Date: Tuesday, June 5, 2018
Time: 1830 - 1930 hrs following keynote and reception
Where: InterContinental Dallas Malachite Showroom
Missing USPHS Officer
LCDR Timothy Cunningham

by CAPT Holly Williams, USPHS and Col. Jim Currie, USA (ret.)

LCDR Timothy Cunningham, a U.S. Public Health Service officer assigned as a Senior Epidemiologist to the Centers for Disease Control and Prevention in Atlanta, disappeared from his home on 12 February and has not been seen since. LCDR Cunningham left no clues to his disappearance. His keys, wallet, cell phone, dog, and vehicle were all at his home. A $15,000 reward has been offered by CrimeStoppers Atlanta for information about his whereabouts, though police say that they have no indications of foul play in his disappearance. Cunningham, a former President of the Atlanta COA branch, is well-liked and respected by his colleagues.

CAPT Holly Williams, Team Commander for Rapid Deployment Force 3, to which LCDR Cunningham is assigned, organized a broad search for the missing officer on 3 March.

Here’s CAPT Williams’ account of the search effort:

I wanted to give you an update on the search Sat for CDR Tim Cunningham, which was held on Sat March 3rd. The rain stopped and we were blessed with good weather and had an overwhelming response.

It turns out that the event was much bigger than anticipated – 187 people and four dogs! We had 167 PHS officers, CDC staff and CDC-related individuals, 16 members of the Alpha Search and Rescue Team (plus the four dogs!), and four Atlanta Police officers. We also had a CDC staff member who was a licensed pilot and who flew a drone over the hard-to-access wooded creek areas. Officers represented the following agencies: CDC, HRSA (2 officers flew in from DC), FDA, USDA (an officer and his friend drove in from Athens), CMS, NPS, and DHS. I strongly believe that this shows the integrity of the federal family and the caring that we do for each other, regardless of whether we know someone personally or not.

The dog teams covered between 30-35 acres and our eight teams covered at least that much, if not more. For those of you who know the Atlanta area, we had three additional teams post flyers and discuss the situation with businesses, along Shallowford Rd, Chamblee Tucker, Henderson Mill area to Evans Rd and up to Northlake Mall, and other smaller areas, so we covered a large amount of territory. One staff member at a local restaurant recognized Tim’s face from him being a frequent customer but had not seen him recently.

The event received media coverage from local NBC and CBS stations. Unfortunately, we found no signs of Tim. Everyone is asking me what the next steps are – I am willing to help anyone who wants to organize another search but please know that a) you should publicize at least five days or more in advance, b) this takes considerable time and effort to do, c) you need to have sufficient numbers of flyers ready to go in both Spanish and English, d) you need to ask people to notify you if they plan on joining you, e) expect people to show up that have not notified you (also expect people to be late), and f) you need to be very organized given the number of people that may show up.

COA commends CAPT Williams and everyone who aided in the search effort. It truly demonstrates that PHS officers care for each other and are part of a large extended family.
PHS Commissioned Officers Foundation
Donations Received, February 1, 2018 to February 28, 2018

Donation Levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>. . . . . . . . $10,000</td>
</tr>
<tr>
<td>President</td>
<td>. . . . . . . . $5,000</td>
</tr>
<tr>
<td>Founder</td>
<td>. . . . . . . . $2,500</td>
</tr>
<tr>
<td>Platinum</td>
<td>. . . . . . . . $1,000</td>
</tr>
<tr>
<td>Gold</td>
<td>. . . . . . . . $500</td>
</tr>
<tr>
<td>Silver</td>
<td>. . . . . . . . $250</td>
</tr>
<tr>
<td>Bronze</td>
<td>. . . . . . . . $100</td>
</tr>
</tbody>
</table>

Visit www.phscof.org/giving to donate online today!

We Welcome New Members of COA, December 1, 2017 to January 30 2018

ENS Michael Harding, Bethesda, (MD)
LT Charles Helm, Lithia Springs, (GA)
LT Mark Jones, Weslaco, (TX)
LT Sita Shablack, Page, (AZ) • CDR Surbhi Modi, Atlanta, (GA)

COA Donations
Commissioned Officers Association of the USPHS Donations Received, December 1, 2017 to January 31, 2018

CAPT Charles H. Weir CDR Katie E. Johnson
CAPT Esther C. Namian LCDR Jennifer J. Clements

COA Board of Directors: Call for Nominations

Join the COA Board of Directors. The full details are also available at http://www.coausphs.org/about/nominations-for-board-of-directors/. The deadline to submit a nomination is April 15, 2018.

Six seats will open for the COA Board of Directors on July 1, 2018. The open seats include: Dental, Engineer Officer, Environmental Health Officer, Field Officer (outside of DC), Retired Officer and Scientist Officer. The Retired Officer members of the COA Board of Directors also serve as appointed Trustees of the PHS Commissioned Officers Foundation (COF) for the Advancement of Public Health.

Anyone interested in running for election should review the information at http://www.coausphs.org/about/nominations-for-board-of-directors/.
EXECUTIVE DIRECTOR from page 17

in step with the public health needs of the Nation. It is time for that to change. HHS is committed to providing the best public health services and emergency response at the lowest cost, and is undertaking a comprehensive look at how the Commissioned Corps is structured. The specific recommendations and plans resulting from this analysis will be released in the months to come, and could range from phasing out unnecessary Corps functions to reinventing the Corps into a smaller, more targeted cadre focused on providing the most vital public health services and emergency response. The goal of this proposal is to modernize how the Government employs public health professionals and how HHS responds to public health emergencies, saving Federal funds and reducing duplication while safeguarding the well-being of the Nation.

To say that we were surprised by it would be a gross understatement. It is filled with erroneous information and implications, and it is clear that it was written by someone with an axe to grind about the Commissioned Corps. Your COA leadership started an immediate conversation about this part of the Health and Human Services budget document and drafted a statement which is posted on the COA website at http://www.coausphs.org/media/1763/coa-response-to-the-presidential-budget-feb-2018.pdf . We sent our statement to the Surgeon General and to the Assistant Secretary for Health at HHS, and to the reporters at The Washington Post and POLITICO who covered the recent “special pay” issue.

First, let’s talk about the budget process. Presidents propose their budgets every year and send them to Congress. The two houses of Congress have their own procedures for addressing the President’s budget, which is nothing more than a proposal to them. Presidential budgets are never enacted as submitted. They are sometimes disregarded entirely. None of this analysis, which comes from my nearly-eight years working on Capitol Hill and my four years as a federal lobbyist, means that we can ignore the threat in the language quoted above.

There are clearly people out to destroy the Commissioned Corps as we know it. We don’t know specifically who all of them are, though some of them have been identified as civil servants in our own HHS organizations. COA’s position is that modernization and efficiency are good things and are to be embraced. What we don’t embrace are attempts to harm the Corps disguised as “efficiency” or “modernization.” The paragraph quoted above is meaningless as far as it goes. Congress will have to “operationalize” it, as we used to say when I was working on the Hill. The generalities will have to converted into concrete proposals, which we can then embrace or confront, depending on what they are.

We found language similar to this budget paragraph in a 1996 report from the Government Accountability Office (GAO) (found on the COA website at http://www.coausphs.org/media/1762/gao-report-on-the-commissioned-corps-1996.pdf ). We maintain that basing anything budgetary on a decades-old GAO report is quite unprofessional. We submit that the Corps has changed in the space of twenty-two years and that it is now a more responsive national asset than it was in 1996. Conclusions drawn by GAO from data that now are more than twenty-four years old in some instances is quite suspect today and should not play a role in modern budgetary and organizational decisions. The fact that critics of the Commissioned Corps have no more recent data to draw upon suggests their desperation.

The GAO report says that Commissioned Corps officers cost more than their civilian counterparts. This may have been true in 1996. We don’t know whether it is true today, but it is also irrelevant. As we say in our posted response, Corps officers work alongside civilian colleagues in their day jobs, just as do medical professionals in the armed forces. But unlike civilians, the Corps officer keeps a “go bag” at the door and is prepared to deploy on less than 48 hours’ notice. Unlike civilians, the Corps officer receives no extra pay for overtime work, and it is not at all unusual to be working many extra hours per day when on deployment. Many USPHS officers, such as those working in the Federal Bureau of Prisons, are routinely called upon to work extra hours with no additional compensation. These realities were not part of the GAO report.

You also volunteer for deployments to places most people strive to stay away from. As we used to say in the Army, you “run to the sound of the guns,” the “guns” in the case of USPHS officers being floods and hurricanes and deadly viruses. Over 5000 of you volunteered to go to Liberia when the call went out in 2014.

We also maintain that the Commissioned Corps doesn’t need to be part of the Defense Department to contribute to national security, as it makes such contributions every time its officers deploy to the site of natural or manmade disasters. As many of you know, I taught for years at a Defense Department Senior Service (war) college. One principle that we taught our students was that a country’s strength and national security are not just measured by how many Army divisions or Air Force wings or Navy carrier battle groups it has. A country’s strength is also measured by whether its people are educated and well fed and receive appropriate healthcare. The former Soviet Union was a perfect example. The USSR was second in military strength only to the US, but it collapsed because it was not strong in other ways. The Commissioned Corps contributes to national security every day of the week, as it has for the past 129 years.

The reference in the budget paragraph to the HHS “comprehensive look at how the Commissioned Corps is structured” must refer to the “Reimagining HHS” initiative that was started last year. We understand that some of the individuals involved in this effort are fairly much anti-Corps all the time, so we cannot afford to take any of this lightly. COA is all for efficiency and modernization, but it believes that the Corps should be supported and expanded, not decreased and diminished. We await with great interest the details of any proposal that affects the Commissioned Corps either positively or negatively, and we pledge to resist any proposals that would diminish the Corps and harm its mission.

**Special Pay**

As if we didn’t have enough excitement, we are also very much

see EXECUTIVE DIRECTOR on page 19

March 2018 | Page 17
A New Year’s Wish for the World
by: CAPT Charlene Majersky, Ph.D.

Inner peace and good-will towards all human beings,
restoring our faith and sense of community,
widening our lens
and
appreciating our differing viewpoints,
with respect throughout.

May love, joy, laughter, and good health enrich your life!

Care, share, and give without expecting anything in return.

Kindness matters!

May your mind and heart marry into a deep and soulful connection.

For life is a precious gift; live each day to the fullest
and
with the highest degree of integrity!

I encourage you to make the world a better place—
your footprints mark your legacy throughout time.

Rise above challenges that present itself in your life,
accept responsibility in whole
and
respond in a positively purposeful
and
meaningful way.

May the warmth of the New Year
fill your heart and soul
with infinite heart-wisdom
and
an abundance of blessings!

LEGISLATIVE from page 2
rests with the Assistant Secretary for Health and the Surgeon General.

Congress and Whistleblowers
The U.S. Congress seems to value whistleblowers. Public Law 112-144 is just one of more than 100 federal statutes enacted over the years to help expose wrongdoing wherever it may occur across the federal government. Whistleblower protections have been enacted in the contexts of animal welfare, age discrimination, banking, civil rights, asbestos hazard detection, disability rights, atomic energy, clean air, clean water, commercial fishing, consumer finance, commercial motor vehicles, product safety, credit unions, trade secrets, education, emergency medical treatment and health care generally, mine safety, food safety, railroad safety, labor-management relations, agriculture, migrant workers, civilian federal employees, pipeline safety, solid waste disposal, and job training, among others. The IRS offers rewards to whistleblowers who report tax cheaters.

I happen to know all this thanks to the nifty website of a Washington, D.C., law firm that appears to specialize in this area of employment law. It offers a general overview of federal whistleblower law along with a summary table with each statute's name, legal citation, statute of limitations (if any), and where to file. It sternly advises that the website information is no substitute for competent legal advice; anyone contemplating legal action is should consult a lawyer. It warns in bold headline type that “most legal claims have time limits,” and it mentions these in the summary table. (The Military Whistleblower Protection Act, it says, does not have a statute of limitations.) The summary table is, however, a handy research tool. Here is the link. www.kcnlaw.com/Most-legal-claims-have-time-limits.shtml

Questions
There is more to be said about this subject, and we expect to address additional and related matters in a future issue of . Meanwhile, COA welcomes your comments. We want to know if any COA members have had occasion to assert their whistleblower rights under the law, referencing the relevant commissioned corps directives of 2013 or 2017. As always, your comments are strictly confidential unless you tell us otherwise. Please send me an e-mail with WHISTLEBLOWER in the subject line jrensberger@coausphs.org
EXECUTIVE DIRECTOR from page 17
involved in the issue of special pay, which almost 3000 Corps officers receive (or received until 28 January). We learned of the suspension of special pay on 29 January when the first officer opened her pay slip and saw the reference to Public Law 110-181. “Monthly special pays are not authorized as of 01-28-2018,” was printed on the pay slip. We had known about considerable discussion of special pay, but we didn’t realize that 28 January was the drop-dead date for transitioning to a new system. We went back and read the law, and it is quite clear; 28 January 2018 was the last date for special pay under the old system. We immediately emailed the Surgeon General, making the point that advanced notice to affected Corps officers would have been appropriate.

It is clear to us that someone at the Division of Commissioned Corps Personnel and Readiness knew that this cut-off of special pay would occur as of 28 January, because they had to feed this cut-off into the payroll system and insert the “PL 110-181” reference onto the pay slips. That person apparently didn’t bother to notify their superiors that this was going to happen.

COA immediately sent a message to its 4000 active duty members asking them to complete a survey about the effects of the special pay suspension on their personal finances. We reached out to both USAA and PenFed credit union and asked them to extend no-cost or low-cost loans to affected PHS officers. We also provided a “To whom it may concern” letter (posted on the COA website at http://www.coausphs.org/media/1753/letter-to-lenders-re-suspension-of-special-pay-feb-2018.pdf ) which members could download and take to a lender to help in obtaining a “bridge loan.” Our survey revealed deep dissatisfaction with the manner in which this special pay issue was communicated to members of the Corps. It also showed that approximately one-third of poll respondents thought that this suspension of special pay would cause financial problems for them.

We responded to members of the press who contacted us. Both The Washington Post and POLITICO asked for our comments about the situation, and we were candid with them. “I can tell you,” The Post reported me as telling them, “that some officers are decremented as much as $1700 per month, an amount which is large enough to play havoc with even the most carefully-crafted budget. Many officers are outraged by this event, as the Public Health Service leadership has known for ten years that this would occur on 28 January.” I stand by my statement, though I am certain that it made some folks squirm. It is absolutely the truth, and we are grateful that the news media helped get this story into the public domain. The Post reporter even received a response from HHS, which stated that, “The special pay will be retroactively restored.” We were pleased with this definitive statement, as the Surgeon General’s message to the Corps on 31 January had only said that they “anticipate” that special pay will be authorized retroactively from 28 January 2018. We now have HHS on the record, though we wonder about the authority for retroactive pay.

Now, more than ever, the Commissioned Corps requires an active and involved COA. We work for you and only for you, and we will advocate for you on Capitol Hill and within the executive branch of government. Please do not hesitate to reach out to us with your questions and comments. I can be reached via email at jcurrie@coausphs.org or at 301 731-9080.

Raise money for COF through Amazon
Search for “Phs Commissioned Officers Fdn for the Advancement of Public Health”
COF is also listed under Federal Tax ID # 52-2258463

March 2018 | Page 19