COA Local Branches

Local branches are at the heart of COA. It’s where we make a difference for our communities and where we show our public face to the world. Yes, we also do that during deployments, but we can reach so many of our fellow Americans at the local level.

I have now completed four years as your Executive Director, and I can say with certainty that it was the fastest four years of my life. I have never been in a job that challenged me more or used any of my skills and experience more thoroughly. I have also never been in a job that was more professionally rewarding. Part of what I have experienced during these four years has been visiting our COA local branches. I believe I have visited twenty of them out of about 100, and I hope to visit more. I want to share with you in this column three recent visits and offer some suggestions to local branch managers.

DC COA Dining Out Status Report: Fun Had By All!

by CAPT Paul Jung, LCDR Kevin Kunard and LT Alesha Harris

On an uncharacteristically mild evening in February in Potomac, MD, the District of Columbia Commissioned Officers Association (DC COA) held its Dining Out. Nearly 240 officers and their guests arrived at ten minutes before the appointed hour, abiding by the rules they had received just hours before. Officers in DC hadn’t seen a night like this in almost four years.

Historically, a Dining Out event is a formal banquet for service members and their significant others in which they share a night of camaraderie and provide accolades to service men and women post-combat missions. The evening is guided by a script and a strict set of rules to ensure that the pomp, circumstance, and shenanigans are properly executed and performed. Aside from that, the event itself consists of a cocktail hour, a plated meal, and guests of honor, some of whom provide keynote presentations to the attendees.

Traditionally these types of events took place in the Mess Hall, and as such the event itself and those in attendance are affectionately referred to as “the mess.”

The evening started out with the entrance of the individuals at the "head table," followed by a performance by the Commissioned Corps Music Ensemble and the Surgeon General’s honor guard. Once honors were given to the distinguished guests and significant others and solemn reverence of Corps officers who were killed in combat were paid, the shenanigans commenced. It was all orchestrated by CAPT Paul Jung and CAPT Angela Mtungwa, who were given the titles of “President of the Mess” and “Vice President of the Mess.”
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
“Ban” on Gun Violence Research at CDC Clarified

by Judy Rensberger

“While appropriations language prohibits the CDC and other agencies from using appropriated funding to advocate or promote gun control, the Secretary of Health and Human services has stated the CDC has the authority to conduct research on the causes of gun violence.”

These words appear in the spending bill recently passed by Congress. They are good news to health advocacy organizations. That is because, for more than twenty years, a legislative provision known as the Dickey Amendment has been widely interpreted to clearly discourage, or even prohibit outright, CDC research on gun violence. Gun violence killed 38,000 individuals in 2016 and injured another 85,000.

Violent Death Reporting
The spending agreement includes increased funding for the National Violence Death Reporting System (NVDRS). It would expand the NVDRS to all fifty states (up from forty) and the District of Columbia, “which will allow researchers, practitioners, and policymakers to get a more complete understanding of violent deaths in the United States.”

The spending bill includes a line item of $23,500,000 for the NVDRS. It also includes separate and additional line items for “intentional injury,” which includes domestic violence, “injury prevention activities,” and “injury control research centers.”

Welcome News
Health advocacy organizations and health professionals’ associations quickly and gratefully welcomed what they see as encouraging news. “Language in the recently-passed spending bill clarified that the CDC has the authority to conduct gun violence research,” the American Public Health Association (APHA) said as it announced a Congressional briefing on how best to make that happen.

APHA partnered with the American Psychological Association to sponsor the Capitol Hill briefing, which was held on Friday, 5 April, in the Rayburn House Office Building. It featured experts making the case that investing in research to learn more about the economic, psychological, and physical impacts of gun violence “will enhance America’s public health response to this issue.”

Not everyone was enthusiastic. According to Politico, gun violence researchers at Harvard and Johns Hopkins Universities complained that the appropriations language and funding do not go far enough.

Dickey Amendment
The late Congressman Jay Dickey was a Republican from Arkansas. In the mid 1990’s, he led efforts to stop CDC from doing research on gun violence. He lent his name to a provision inserted into the 1996 omnibus spending
A Junior Officer’s Understanding of Obedience

by LCDR Katrina Redman, MT(ASCP)

Wait! Keep reading! I realize that obedience is not a topic that many of us wish to read about or discuss. Our tendency is usually to immediately bristle. Why is that? Why does discussing obedience stoke the fires of our rebellious nature? Maybe it is because it takes us back to childhood memories of being told what to do, when to do it . . . and to do it quietly! I always struggled with that one. Maybe it is because we have an innate need to be valued as a person, and obedience makes us feel as if our perspectives are of no consequence to those who require our obedience. Regardless of this feeling, the demands of obedience do not end when we transition to adulthood, obtain college degrees, and become working professionals. In fact, for most of us, the demands of obedience seem to increase along with the consequences for failure to obey. While it is not specifically stated in the Corps Values of the United States Public Health Service, obedience is absolutely implied because it is the vector by which we achieve Integrity, Service, Leadership, and Excellence. So how should we respond to obedience as Commissioned Corps officers, and how do we practice obedience without resenting it?

I was inspired to write on this topic by a statement in my graduate school reading assignments. I am currently working toward a Master’s of Divinity in Community Chaplaincy. The statement came from the text Conformed to His Image: Biblical and Practical Approaches to Spiritual Formation by Kenneth Boa. While this text is written within a specific religious context, applicability extends to us as officers. Boa stated that “the risk of obedience is that it will often make no sense to us at the time.” I read this and instantly thought of my supervisor, who has unfortunately had to witness my struggle with this very fact.

I know that I am not alone in my struggle with obedience. Our agency liaisons are probably giving a loud “AMEN” as they read this. How often have they been forced to remind us and chastise us for missing deadlines and falling short of what is required of us as officers. I am sure that they have wondered what more they could do to elicit our obedience. What will it take to improve our perspective on obedience and why does it matter? Boa, again, answers this question. He says that obedience to commands from leadership is how we test and express our relationship with our leaders. The challenge for officers is to do what is commanded, to care about the things that our leadership cares about, and to trust that what our leadership commands is for our good. These statements really made me reflect on my relationships with my leaders at work. What do my actions say about how I am expressing my relationship with them? Am I obedient to my leaders? Do my actions reflect trust in my leadership? Do they show that I value the same things that my leaders value? My conclusions revealed weaknesses in my role as a subordinate officer and a need to improve the way I express my relationship with my leadership.

As with any relationship, cultivating trust and properly expressing that trust in obedience takes time, practice, and constant reinforcement. This does not mean that we cannot question an order or command. It means that if we are to grow as leaders, we must first learn to be obedient subordinates. We must trust the checks-and-balances of our chain-of-command to protect and guide us. This strengthens our relationships with our co-workers, our superiors, our agencies, and ultimately with the Commissioned Corps. Even though it goes against my rebellious nature, I must be obedient. Our Corps demands a great deal from its officers. To constantly react with negativity and a rebellious attitude will place a reoccurring burden on my leadership, decrease the morale of my department and others, and it will inhibit my ability to ever become an effective leader.

I ask you to join me in making a personal commitment to practice obedience in order to grow as officers and to strengthen the Commissioned Corps. Throwing all of our energies into practicing obedience will have a mighty impact. Imagine what we will be able to accomplish when we begin to move in unison toward a common goal! Imagine how great it will feel to truly appreciate being a Commissioned Corps officer, not for the way that it benefits you, but for the way that you benefit the Corps and the nation.

We must trust the checks-and-balances of our chain-of-command to protect and guide us. This strengthens our relationships with our co-workers, our superiors, our agencies, and ultimately with the Commissioned Corps.
the Mess,” respectively. Then the Grog was concocted. Grog is a drink or concoction with vegetables and fruit as its base. It then has items symbolic of the service or unit added to it. Some added ingredients can be tame like apple juice, which was added to symbolize our fight for prevention as the best medicine. Some are a bit more “tongue-in-cheek,” like a penny being added to the Grog to represent an amount greater than the Corps’ nonexistent line-item Congressional appropriation. And some are a gentle reminder of more serious issues such as corn syrup, which was added to represent our fight against the overconsumption of processed foods, which may lead to obesity. Some of the offenses that earn an attendee a carefully-navigated trip to consume the Grog include infractions of the rules and uniform violations. Rules of the mess include no cursing and no clapping (banging of spoons replaces clapping of hands during the event).

Once the grog was done and closed, COA officers were proud to welcome COA Executive Director Col. (ret.) James T. Currie, and the Dean of the University of Maryland School of Public Health, RADM (ret.) Boris Lushniak, who both provided energizing and encouraging remarks celebrating COA and its service to the Corps. Their speeches helped reinforce our bond as brothers and sisters in uniform by focusing on optimism for the future of the Corps, embracing our uniforms, and increasing the Corps’ visibility.

The event was a great opportunity for officers to catch up with old friends and make new ones. Officers could have pictures taken with other officers and their guests, with a portion of the proceeds from the photography donated to DC COA. The evening itself lived up to its advertisement: “a night with plenty of esprit de corps and just a touch of shenanigans.”

Planning for the 2018 DC COA Dining Out took more than a year, working diligently with a committee of more than forty volunteers led by Co-Chairs LCDR Kevin Kunard and LT Tiffany Pfundt. The Dining Out Committee would like to specifically thank the DC COA President, CDR Judy Park; the Recreation and Networking Chair, CDR Hien Albright; and the rest of the Executive board, without whose tremendous support this event would have never happened. We would also like to thank RADM (ret) Boris Lushniak and Dr. Patricia Cusumano, RADM Kevin Meeks, RADM Carmen Maher, RADM Palmer Orlandi and CAPT Paul Jung for their donations to the raffle and the giveaways. If you would be interested in helping plan the next DC COA Dining Out in 2020, or if you were in attendance and have any comments/suggestions please email us at dccoadiningout@gmail.com.
ADM Giroir Named Coordinator of Opioid Crisis

On 29 March HHS Secretary Alex Azar announced that ADM Brett Giroir, Assistant Secretary for Health, will also serve as Senior Advisor to the Secretary for Mental Health and Opioid Policy. According to the HHS press statement, “Dr. Giroir will be responsible for coordinating HHS’s efforts across the Administration to fight America’s opioid crisis.

Said Secretary Azar, “Brett Giroir, our Assistant Secretary for Health, will use his exceptional talents to tackle our country’s crisis of opioid addiction and overdose. His experience coordinating major projects within the federal government will bring new focus to our efforts on this issue.”

Butner Staff Attends Team Medicine Symposium

FCC Butner staff recently attended a Team Medicine Symposium at the National Corrections Academy in Aurora, Colorado. The symposium theme was “Managing the Aging Inmate.” The symposium presented principles and practices to assist institution primary care teams in identifying and managing inmates with age-related health conditions that might limit their full participation in institution programming. Topics addressed during the seminar included: health promotion strategies, screening needs, treatment for age-related chronic conditions and complications, preparing for reentry, and self-management practices to optimize successful community reintegration. Sessions provided during the seminar also examined age-related inmate programming needs, and ideas for reasonable accommodations and resources to support managing inmates as they age in place.

Disclaimer: Opinions expressed in this article are those of the author and do not necessarily represent the opinions of the Federal Bureau of Prisons or the U.S. Department of Justice.
USPHS and the USN do the Shamrock Shuffle

by CDR Antonio Vargas and CDR Duane Wagner

Every March for the past several years Chicago-based United States Public Health Service (USPHS) officers partner with the United States Navy (USN) to support the community during a major sporting event - The Shamrock Shuffle. The City of Chicago hosts the annual event, which is an eight kilometer race through the downtown area of the city. The event draws thousands of participants from across the region and country. The Shuffle is a great opportunity for Commissioned Corp officers to provide a valuable community service and to collaborate with their sister service, the USN.

This year several USPHS officers along with a dozen USN corpsmen, volunteered to work in the end zone areas of the race through coordination of spotter tower activities. The spotter towers are elevated platforms located in end zone areas of the race to monitor runners who are in need of medical care. USPHS officers partnered with the USN to provide mission-critical personnel for the spotter towers. If there was a runner who required medical attention, a spotter tower volunteer facilitated care by ensuring the runners got to a medical tent.

On race day 2018, the weather was cold and blustery, much like any typical March day in Chicago. It seemed as if Chicago was determined to live up to its name as the “Windy City.” Spotter tower teams arrived early in preparation for the event. Their collective mission was to ensure the safety and security of individuals in end zone areas. The race was ultimately a tremendous success, and the end zone areas were safe and secure.

The greatest benefit from this event for the USPHS officers may be all-too-easy to overlook, and that was the comradeship that exists and was strengthened between the USPHS and USN. This race is an annual reminder of how two different services can work together cohesively and complete a successful joint mission in an exceptional fashion. The USN and USPHS both have rich histories that span hundreds of years. This volunteer activity is a small demonstration of the inter-service camaraderie that exists between these two maritime services. Their collective support of the Shamrock Shuffle is an example of much larger objectives that ultimately focus on the well-being of others. It has been said that the Commissioned Corps is one of the best kept secrets in all of the uniformed services. Achieving joint objectives with our sister services may be an even-greater unrealized secret. Thus, joint inter-service efforts and diversity tends to bring out our strengths and the best in all of us. This has a profound impact on the Public Health Service mission and those we serve.
Commissioned Corps Officers Supported Unprecedented Back-to-Back-to-Back Deployments to Hurricanes Harvey, Irma, and Maria

On August 25, 2017, Hurricane Harvey, a Category 4 storm, made landfall in Southern Texas. Hurricane Harvey was one of the most destructive storms in the history of the U.S. Hurricane Harvey was then immediately followed by Hurricane Irma, that made landfall in the Florida Keys, the morning of September 10th. Amongst the hyperactivity in the Atlantic, Hurricane Maria reached Category 5 strength on September 18th affecting the Caribbean, including U.S. Virgin Islands, Puerto Rico, Southeastern U.S. and Mid-Atlantic U.S.

Three catastrophic hurricanes back-to-back presented many challenges to the US government’s emergency support systems, including the United States Public Health Service (USPHS). USPHS Division of Commissioned Corps RedDOG collaboratively and diligently worked with Federal USPHS Agency Liaisons to ensure that qualified Corps officers were properly vetted, and cleared through the proper channels within the US Department of Health and Human Services. The back to back hurricanes created unique never experienced before challenges for the officers on deployment, for those standing by for deployment, and the people supporting officers while they were away on deployment (i.e. families, friends, civilians and USPHS co-workers). While officers can expect to be flexible, and “Semper Gumby”, this was especially true during these missions. Officers may have been told they were deploying one day to one location and the following day, informed that were then going on a different day to a different location. In addition to the hurry-up-and-wait, there were officers that were preparing to go home/demobilize only to be told that they may need to be extended because there was an overwhelming need for their help. While in theater, the officers' medical, nursing and logistical skills were utilized, but the additional soft skills such as resilience and one’s reaction to the ever-changing situations were put to the test and equally critical. Being under stress in an austere environment while witnessing devastation all around proved to be extremely challenging and inspired officers rise to the situation. Overcoming barriers, hardships, working under different command structures, and working in remote areas had officers demonstrate their years of dedication, expertise, education, training, and hard work.

see DEPLOYMENTS on page 9
The Greater New York Commissioned Officers Association (NYCOA) invites you to join us to share in the traditions of our service as we gather together for the 4th Annual NYCOA Anchor & Caduceus Event. In celebration of our shared maritime history, the Raritan Yacht Club will provide a fantastic backdrop for the event. The Raritan Yacht Club is located on the shore of New York Harbor, where Commissioned Officers have played a major role in fulfilling the Service's commitment to protecting public health for over a century!

LOCATION: 160 Water Street, Perth Amboy, NJ 08861
ATTIRE: Service dress blues, business attire for guests.
COSTS: $45.00 per person! Cash Bar.
REGISTRATION: To RSVP, please submit your payment to LCDR Onieka Carpenter. Email Onieka.Carpenter@fda.hhs.gov, Office Phone 718-662-5483; PayPal (TO FRIEND) Onieka.Carpenter@fda.hhs.gov
DEADLINE: Registrations must be received by April 11th, 2018!
The USPHS Nurse Category represented the largest number of officers who deployed in response to the three hurricanes. These officers deployed in a variety of different roles such as clinical care providers at temporary medical stations and providing resources and assistance to local health authorities as part of service access teams (SATs) and recovery teams. These three nurse officers’ stories of their roles and experience illustrate how they supported healthcare systems that were impacted by the disasters while rising to the occasion in these complex settings.

LCDR Candice Cottle-Delisle, USPHS Officer at the Food and Drug Administration, Regulatory Business Process Manager, her story: LCDR Cottle-Delisle was part of the 82 USPHS Officers of Rapid Deployment Force (RDF) Team 2, Incident Command System, that was deployed on September 12, 2017 for response to Hurricane Irma/Maria where staging took place in Atlanta, GA, then a couple of different locations in Florida (Orlando and Deerfield). While in Deerfield, she was selected to be part of a team to go out to Puerto Rico. Staging for that mission took place back in Atlanta, GA, where the selected team members merged with VA-1 Disaster Medical Assistance Team (DMAT) which is a state based team designed to be a mobile Emergency Department (ED)/Critical Care strike team. This was a great learning experience for her as she learned about the DMAT Incident Command Structure and all the jargon specific to DMAT. This merger created a unique force as the RDF teams are specifically trained to run Federal Medical Stations (FMS) that typically houses patients that have chronic long-term health care needs with a max of 250 beds; whereas, the DMAT teams are trained to run a mobile Emergency Department with a max of 42 beds. This was a unique opportunity for us to provide care to a broader population with needs that fall anywhere on the spectrum of critical care to management of chronic/long term care. Ultimately, we were handed down the mission of standing up a FMS in Manati, Puerto Rico which had a Critical Care area, Minor/

urgent care area, chronic care area and an area for the general population. This facility totaled to be a 186-bed facility and was a very fulfilling mission.

LCDR Chandra Jolley, USPHS Officer at National Institutes of Health, National Institute of Allergy and Infectious Diseases, Senior Executive Officer. LCDR Jolley’s story began very similar to LCDR Cottle-Delisle. She was an augmented officer to RDF Team 2 and join the team in Orlando Florida. While her experience in Deerfield and Atlanta mirrored LCDR Cottle-Delisle, it changed dramatically upon arriving in Puerto Rico. LCDR Jolley was selected to serve on the Oregon DMAT team with a seasoned team of healthcare professional who also served in Deerfield on a separate Deerfield mission. The Oregon team was also augmented with additional responders from Michigan. The team received a unique mission in San German, Puerto Rico, one of the hardest hit location on the West side

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of the island. The damage to the area was severe and caused the difficulty in delivering the supplies and care to the patients in surrounding locations. The Oregon team was transported via a Blackhawk helicopter to a local hospital, Hospital de la Conception. It was here, LCDR Jolley stated, her most enjoyable experiences occurred during the deployment. The hospital staff was young but excellent and well skilled. The leadership opened their doors and accepted the team’s expertise and eager workforce. The mission of the team was to decompress the Emergency Room (ER), which had become overloaded with patients because it was the only sustainable hospital open and operating fully after the hurricane. The private hospital owned its own clean water system and had electricity unlike many of the other hospitals in the area. Most of the residents of the San German area came to the hospital to eat because they did not have water, food or electricity in their homes. The ER was separated into three sections: the fast track, observation and admission. LCDR Jolley served as one of the two principal nurses on the fast track side delivering various acuity levels of care while performing and assisting with multiple procedures due to the increase number of accidents reporting to the hospital. LCDR Jolley also served as the team’s Labor & Delivery and Obstetrics subject matter expert.

LT Neil Barranta, officer at the National Institutes of Health, Clinical Nurse Manager in the Intensive Care Unit, his story: LT Barranta was part of the 79 USPHS Officers of RDF Team 5, Incident Command System, that was deployed on August 24th initially deployed for two weeks in Houston, Texas to staff a FMS. Then on the night of September 9th were later mobilized to several locations in West Florida including, Fort Myers and Sarasota County in response to Hurricane Irma. Office of the Assistant Secretary for Preparedness and Response defines FMS as Department of Health
bill. It said that no money made available for injury prevention research at CDC could be used to advocate or promote gun control. The Dickey Amendment was routinely reauthorized by Congress every year. It was blamed for bringing gun violence research to a virtual standstill for two decades. Before he died, Dickey expressed regret and said his thinking had changed.

**Bottom Line**

Despite the Dickey Amendment, CDC has not been silent on the issue of gun violence. A quick search of “other topics” on the CDC website turned up more than 600 references. They include various budget and guidance documents, and – my favorite – “NVDRS success stories from the frontlines of violent death surveillance.”

NVDR statistics on firearms deaths include a breakdown by type: handguns, shotguns, rifles, “other” and “unknown.” The data also include information on context, circumstances, and intent, among many other variables. The goal is to help target, guide, and evaluate prevention efforts, and provide public access to in-depth data on violent deaths.

Thanks to the increased funding (however modest in the eyes of some) and the congressionally-approved clarification, CDC efforts to understand and prevent gun violence can move forward with new confidence.

**DEPLOYMENTS** from page 10

and Human Services deployable healthcare facility that provides surge beds to support healthcare systems anywhere in the U.S. that are impacted by disasters or public health emergencies. Each FMS comes with supply of medical and pharmaceutical resources to sustain from 50 to 250 stable primary or chronic care patients who require medical and nursing services. Some of the USPHS Officers were also selectively assigned to DMAT, which is a member of the National Disaster Medical System (NDMS) that provides primary and acute care, triage of mass casualties, initial resuscitation and stabilization, advanced life support and preparation of sick or injured for evacuation. He stated, “The most memorable moment was the immediate mobilization of our team from Houston to Orlando and travelling on the night of September 9, when Hurricane Irma started to make a landfall in West Florida, it was a very treacherous driving through the middle of the night when hurricane and tornado warnings were in effect.”

These three devastating natural disasters tested the nurse officer’s ability to respond quickly to the ever-changing environment and public health needs. Their stories offer a reflection of the resiliency that was tested as they delivered care and impacting communities following hurricanes Harvey, Irma and Maria.
WANTED

Your Company at the

USPHS Music Ensemble Annual Concert

Scientific and Training Symposium
InterContinental Dallas - Malachite Showroom
Tuesday, June 5, 2018
1830 HRS
Cherokee Nation citizen and executive director of Cherokee Nation Health Services Dr. Charles Grim.

COA life member and former Foundation Trustee RADM (ret.) Charles Grim has been named Director of Health Services by the Cherokee Nation. Grim, a member of the Cherokee Nation and a resident of Hulbert, OK, was appointed to the position this week by Principal Chief Bill John Baker. He will oversee operations of the largest tribal health care system in the country, including 2,400 employees and patient services at W.W. Hastings Hospital in Tahlequah and eight tribal health centers. The Cherokee Nation has more than a million patient visits per year.

RADM Grim graduated from the University of Oklahoma College of Dentistry in 1983 and is board certified in dental public health. In addition, he also received a master's degree in health services administration from the University of Michigan.

RADM Grim served as Director of Indian Health Service under President George W. Bush.

“I feel very honored to be appointed this role and for the opportunity to continue to lead a team that I have held close to my heart for a number of years,” RADM Grim said. “As both an employee and a Cherokee Nation citizen, I appreciate Chief Baker and his vision for the future of the tribe's health care system and I look forward to what we will all accomplish together for the health of our Cherokee Nation citizens.”

RADM Grim served two terms as a Trustee for the PHS Foundation for the Advancement of Public Health.

In addition to serving as executive director of Cherokee Nation Health Services, RADM Grim currently serves on the Oklahoma State Board of Health.

Argent Technologies, LLC is a SDVOSB providing medical and engineering services and technical consulting to Military Installations worldwide. Our employees and consulting partners include career military flight surgeons and aeromedical personnel, instructor pilots, engineers, scientists, intelligence personnel, IT and telephony, law enforcement experts, UAS operators, and aircraft maintenance and logistics personnel.

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For a detailed list of our current vacancies, contact Dr. Romie Richardson at romie@argenttech.net or Pamela Patton at pfp@argenttech.net.

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Argent Technologies, LLC
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**Leadership Society ($10,000)**
CAPT Martha Barclay-Giel (Ret.) - $4.6 million

**Founder’s Society ($2,500)**
Atlanta COA Local Branch $ 

**Platinum ($1,000)**
Mr. Michael D. Terry

**Gold ($500)**
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- CAPT Philip C. Nyberg (Ret.)

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**Bronze ($100)**
- RADM Ronald G. Banks (Ret.)
- CAPT Mercedes J. Benitez-McCrary
- CDR Maria D. Benke ^
- CAPT John A. Vaillancourt (Ret.)

**Friends (Under $100)**
- James Currie
- Mrs. Carol DellaPenna
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- Mrs. Barbara A. Halperin (Ret.) $
- CAPT John J. Henderson (Ret.)
- CDR James L. Kenney, III
- CAPT Andrew K. Meagher
- CAPT John M. Yacher (Ret.)

^ C. Everett Koop Living Legacy Fund
$ Dependent Scholarship
All other donations were made to the COF General Fund

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**We Welcome New Members of COA, March 1 to March 31, 2018**

- LTJG Travis Aborn • LT Jerome Anderson • LT Khadija Auguste
- LT Timothy Beck • LT Yvesna Blaise • LTJG Harrison Carroll
- LT Marie Cetoute • LT Charles Chiang
- LT Nicholas Cushman • LT Delice Echols
- LT Joseph Foss • LT Matthew Geiger
- LT Sandra Herrera • LT Wenchi Hsu
- LTJG Zohaib Ishaq • LT Jennifer Iverson
- LT Pushpa Jayasekara • LCDR Tonya Johnican
- LT Candice Karber • LT Drew Katherine
- LT Hiwot Kesi • LT Alena Korbut
- LT Zera Kwende • LT Deborah Lai
- LT Angela McClendon • LT Tefotchori Mensah
- LT Avery Pangalangan • LT Briana Rider
- Mr. Jordan Schultz • Mr. David Sheldon
- LT Melody Sun • LT Patricia Wrona
- LT George Yeh

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**COA Donations**
Commissioned Officers Association of the USPHS Donations Received,
March 1 to March 31, 2018
LCDR Jennifer J. Clements
In January of this year, as I have for the past three years, I attended the Atlanta COA Anchor & Caduceus dinner, a full-dress affair that attracted well over 100 people. I was not the main speaker, but the Atlanta COA was nice enough to give me a forum to tell the group what COA has been doing for the Commissioned Corps. It was a receptive audience, and I had a great time talking with them. Atlanta is one of our most active branches, and it raised over $4000 that night for our Foundation’s Dependent Scholarship program. We have thanked them via letter, but I want to thank them in this public forum.

The second branch I visited recently was our largest: the DC COA Branch. This was a Dining Out in full dress uniform. Those of you who have not seen me dressed up should know that I wear the U.S. Army Mess Dress uniform on such occasions. It comes with gold epaulets and a gold stripe down the blue trousers and braid on the sleeves. It’s right out of the 19th century. I was privileged to speak to the 200 officers and guests assembled at the Bolger Center in Potomac, MD.

I addressed head-on some of what had come out in the all-hands call from the week preceding, including the admonition to “keep your problems within the Commissioned Corps and not go outside to solve them.” I told the group that COA totally agrees with that concept, to a point. I told the group that whenever a member comes to us with a problem, we always ask whether they have tried to resolve it through their chain of command. If they have not done so, we ask them to take it to their supervisor and others in the chain of command and give them the opportunity to resolve the issue.

If that doesn’t work, I told the audience, or if the chain of command is the problem, then they should come to us. The first thing we will do is go to that same chain of command and ask them to address the issue. If that fails and we see the problem as one that could be helped by having an outside influence look at it, then we might go to the news media or to Capitol Hill. We have experience in going to those places, and we don’t hesitate to do so. But our preference is to resolve issues within the Commissioned Corps. I should say at this point that I preceded RADM (ret.) Boris Lushniak as a speaker that evening. When I learned that he was the main speaker, I asked to go first, as I learned when I first came to COA that you do not ever want to follow RADM Lushniak at the podium.

The third branch I visited recently was the Golden Gate Branch, which is headquartered in the San Francisco area. It was a quick trip for me: out one day, spend the day with the branch, back the third day. I traveled back via a stop in Dallas, and I was joined on the last two-hour leg of my trip by eighty-five middle school and high school students and one crying baby, who was seated immediately behind me. I felt sorry for the poor child, who cried the entire time.

We had a great turn-out among officers in San Francisco and the surrounding area. We gathered at the Federal building and met in an outdoor venue on the tenth (I believe) floor of the building. The branch conducted a regular meeting, we ate lunch, and I told the officers what COA is doing for them. I then went with two officers to a nearby Bureau of Prisons facility in Dublin, CA, where we toured the grounds and buildings and I spoke with the warden and assistant warden. I will say that both men were absolutely ecstatic about the Federal Labor Relations Authority decision, discussed in an article in the March issue of Frontline.

The Golden Gate branch took to heart our recent efforts to establish a “Disaster Relief Fund” within our Foundation, designed to help Commissioned Corps officers whose homes were damaged by events beyond their control. Golden Gate Branch officers sold USPHS hoodies and raised $5000, which they donated to this fund. That was an amazing effort.

One question that comes up every time I visit any branch is, “How can we recruit more Commissioned Corps officers to become members of COA?” It’s a terrific question, and it is even more relevant today with the threats that are facing us, especially in the budget process. We represent about sixty-five percent of active duty officers today, and we’d like to increase that number to at least eighty-five percent. Local branches, we believe, are the key to doing that.

We have in our database the names and contact information for some 14,880 Commissioned Corps officers, active and retired, only about 5400 of whom are active members. The others were members at one time, but for some reason they did not renew their membership. Some of the contact information we have for the non-members is wrong. (Some of the contact information we have for our members is wrong, for that matter). But we have literally thousands of names of officers who once belonged to COA and who, we believe, are the best possible source of new members for us. If you are a COA branch president, you have access to that database, and you can sort by State, and then by zip code. You can then see the officers who live within the boundaries of your branch, and you can reach out to them. If the contact information we have on them is wrong, use the White Pages or another means of finding them. Tell them what COA is doing for the Commissioned Corps and urge them to read Frontline and go onto our website and look at our Advocacy efforts. If you need help in manipulating the database, please contact Local Branch Committee Chair CAPT Karen Munoz at karenxfiles@aol.com or Donna Sparrow at dsparrow@coausphs.org in our headquarters office. Either will be pleased to help you.

The second source of new COA members is among those officers with whom you work who have never been a COA member. Please be mindful if you are in a supervisory relationship with them, as we do not want anyone to charge you with attempting to pressure them to join COA. If you don’t know someone’s membership status, you can always ask Donna to check their name and see whether they are or have been a member of COA. If they are not, you might ask them if they have considered joining and tell them what we are doing for the Commissioned Corps.

As we face what I call “existential threats” to the Commissioned Corps, it will make us a stronger COA if we represent an even higher percentage of USPHS officers. You can make that happen. As always, I look for opportunities to visit our local branches. I try to schedule multiple visits at one time, especially if you are a very small branch. I always welcome your comments and suggestions at jcurrie@coausphs.org.