Attack on the Corps


Many of you responded to our message by emailing or calling us, and we appreciate your response. What I want to do in this column is to tell you what COA has been doing since late June and how we plan to counter this life-threatening attack on the Commissioned Corps.

On 29 June COA Deputy Executive Director John McElligott met at OMB headquarters with examiners who are responsible for the Corps. They told John that the proposed cut in Commissioned Corps size is not based on any study or data other than those from the Executive Director James T. (Jim) Currie, Ph.D., Colonel, USA Ret.

Participants listen to the opening keynote by RADM Trent-Adams

The Workshop concluded with a four-hour interactive session facilitated by Jim Ferrell, bestselling author and managing partner of the Arbinger Institute. Through discussion, stories, case-study videos, and several interactive group and individual exercises, Mr. Ferrell demonstrated to participants the importance of an Outward Mindset. Prior to the Workshop, he met with the planning committee to understand the dynamics of the Corps and learn about the challenges we face. From these discussions, he customized the session to meet the planning committee’s needs and align with the theme. Participants walked away from the afternoon with a plethora of leadership tools, including those to increase self-awareness, facilitate mindset change, improve accountability, and enhance collaboration.

Participant feedback on the workshop was strongly positive. Of 90 officers who completed the post-workshop survey, 89% agreed the workshop content would help them lead from where they are. Attendees’ self-reported knowledge of leadership improved from 6.2 to 7.7 (scale 1-10) after the workshop, and 93% indicated they would incorporate the material into their daily work. The afternoon session on Arbinger’s Outward Mindset concept was especially popular among survey respondents, with 85% expressing interest in future in-person trainings. The planning committee will incorporate suggestions for next year’s
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
State Income Tax Breaks and You

by Judy Rensberger

Parity with the U.S. Armed Services in terms of pay and benefits has always been a key objective of COA's advocacy efforts. One context in which this issue arises again and again is state tax policy. Most states levy an income tax (only nine do not), and many of them offer a tax break to "military" or "armed services" personnel in recognition of their service.

PHS officers would understandably like to be included in those tax breaks, which are mostly aimed at retirees. Over time, half a dozen COA Branches have convinced legislators in their states to adopt policies which include the USPHS. But it has never been easy, which is why so few efforts have succeeded.

Last year, COA's Legislative Affairs Committee created a small Work Group on state taxes headed by LCDR Chi-Ming (Aloe) Tu. Members included CAPT Michelle Colledge, former COA Legislative Chair; CDR Julie Chodacki; CDR Jeff Christopher; and LT Susan Janeczko. This Work Group examined the issue, compiled helpful tips for addressing it, and offered general information. The resulting document has been posted on the COA website. It can be found in the Advocacy section, under Fact Sheets.

The document covers factors that determine tax liability, suggests ways to advocate for change, and offers resources for the effort. The document also shouts a warning: Do NOT assume anything! Do not assume that you are "military" in the eyes of your state, or that your state knows much about the USPHS, or that you can claim a military tax exemption because you did so years ago when you were in the Army. Do your research, query the relevant state officials, and get the responses in writing.

For COA staff, the issue of state income tax breaks always has been difficult. We are too small and spread too thin here at COA headquarters to lead (or even become seriously involved in) long-running state-level campaigns. Our focus is the U.S. Congress and issues at the federal level. Moreover, COAs' "national" voice does not mean much at the state level. State legislators are generally responsive only to actual constituents living and working in their states and legislative districts. COA staffers will assist and advise, but COA branches must do the hard work on the ground.

Any effort to obtain a state income tax break for PHS officers must be a collective one; one or two letters or phone calls will not result in a change in state law. Generally, it's a long slog. Legislative advocacy can be repetitive and boring. It means explaining yourself and making your case again and again. Success demands a critical mass consisting of a committed group of COA Branch members who will support a sustained effort over time.

As the Work Group's document points out, state tax policy is complicated and ever-changing. Many states that offer a "military" income tax break fiddle every year with the exact amount of the exemption. A few states are receptive to redefining "military" to include PHS, but most are not; they need to hear compelling arguments. State tax policies can be confusing, or even self-contradictory, which is why the Work Group emphasizes the importance of getting authoritative opinions in writing.

For all COA members and branches interested in undertaking a state legislative campaign (on personal time, of course), it's essential to understand that you can take all the right steps in the right order and still fall short. There's too much that you cannot control.

None of what we have written here is meant to discourage you or deter you from seeking a tax break in your state. We are realistic at COA headquarters and want to be candid with you about the process of convincing a given state to give up income—that's what a tax break requires—in order to attract a desirable demographic of retirees.
Growing Up in IHS on the Navajo Reservation

by LCDR Melissa Schossow

As an officer in the Commissioned Corps serving Indian Health Service (IHS), I reflect on the excellent service IHS has provided to me and my family. As a Navajo, I am of the Towering House Clan (Kinyaa’áanii), born into the Rock Gap Clan (Tsé deeshgizhníí). Water’s Edge (Tábą ą há) is my maternal grandfather’s clan and the Many Goats Clan (Tł’izí lánlí) is my paternal grandfather’s clan. Growing up on the Navajo Reservation, access to health care for me and my family came from IHS. My family and I lived in a community between Flagstaff and Tuba City, AZ. The Tuba City Regional Health Center Service Unit attended to my family’s health care needs, and to gain access to those services, it was not uncommon to travel for long distances for regular check-ups and urgent care.

As a child, I understood that if a family member had a medical appointment at the service unit, I needed to plan for a full day affair. Although I do not remember either the names of the providers or where those professionals came from, I do remember some of them dressed in military uniforms. At that time and on no occasion had I asked why these professionals wore a uniform. Yet I wondered why they did; moreover, I wondered where they came from and why they were in Tuba City and not in some far-off country fighting in battle. In those moments were lost opportunities: I never asked, and they never mentioned it.

As the years progressed, I continued my education and studied physical therapy. During my studies, I decided to continue to serve on the reservation and to help those who have physical rehabilitation needs. Not until I began working at the Shiprock Service Unit that someone asked me if I had heard of the United States Public Health Service (USPHS) and explained the types of service the men and women of the Commissioned Corps provide. After this introduction to the Commissioned Corps, the mysterious medical providers in uniforms from my childhood were revealed for who they were. Inspired, I have joined the ranks of those men and women in uniform serving to protect the public health and safety of the nation.

While little has changed with my family’s access to medical care at IHS facilities in the Navajo area, I appreciate the change in my role as I work at an IHS facility. I presently work with children in the Shiprock Service Unit Rehabilitation Clinic as a physical therapist, and I wear the USPHS commissioned officers uniform with pride. Indeed, history seems to be repeating itself: I see these young patients look at me, but they do not ask about my uniform or why I am here or why I am not fighting in a battle. Their parents will sometimes find the courage to ask where I am from, about my clans, about my uniform, and about serving in the community. I tell them my story: of being Navajo just like them and going to the IHS clinics, of being served by IHS professionals and being curious about the military uniforms, but never having the audacity to ask.

I tell them about the United States Public Health Services, the uniform and the mission. I tell them how I appreciated the care I
My fellow officers, it is my honor to be your new COF President. It only seems like yesterday when I retired from our Corps after over thirty-four years of service. However, in November, it will be five years since my retirement. Where has the time gone?

Many thanks to RADM (ret.) Mike Milner for his outstanding leadership as COF President. Under his leadership, we had two outstanding Symposiums, and the Foundation has expanded its support of public health by implementing the CAPT Martha Barclay-Giel COF Grants (seed grants) to community groups. You are a true leader, Sir.

I also want to thank RADM (ret.) Richard Bertin, CAPT (ret.) William Haffner, and CAPT (ret.) Mary Lambert for their many years of service to COF and our Corps. I have enjoyed working with you when we were active duty officers and as members of the COF Board of Trustees. I hope to have the opportunity to work with you again.

Last but by no means least, I want to welcome RADM (ret.) Steven Galson, RADM (ret.) Randall Gardner, CAPT (ret.) Dean Coppola, and Mr. John DiMaggio to the COF Board of Trustees. I am looking forward to working with you as we continue to advance, promote, and protect the health and safety of our nation.

So what is ahead for the COF Board of Trustees? By October, we will have awarded the first CAPT Martha Barclay-Giel COF Grants (about 20 grants of $5,000 each). Currently seventy-five active duty and retired US Public Health Service Officers are reviewing 300 seed grant applications. Many thanks to CDR Mark Miller and CPT John McElligott, Deputy Director COA/COF, for coordinating the review of all these applications. The number of applications for the CAPT Martha Barclay-Giel COF Grants is beyond our expectations and only shows how much support is needed by these local public health organizations. I only hope that the COF financial situation will continue to improve so we can provide more support to deserving local public health organizations. I am sure the COF Board will continue to see how we can best support and continue the CAPT Martha Barclay-Giel COF Grants for many more years to come.

In addition to providing the first CAPT Martha Barclay-Giel COF Grants, the COF Board has already begun to provide planning and financial assistance for the 2019 USPHS COF Symposium, May 6-9 at the Minneapolis Convention Center and Hyatt. I am looking forward to seeing you (active duty officers, retired officers, and our civilian colleagues) at the Symposium.

The COF Board will continue to explore ways to continue its support of the U.S. Public Health Service Commissioned Corps (i.e., leadership training) and the greater public health community. If you have any ideas, please let me know.

In closing, I would be remised in not remembering and paying my respect to RADM (ret.) Jerrold M. Michael, Sc.D., P.E., DEE. His obituary is in this edition of the COA Frontline. I had the honor of knowing and working with RADM Michael. He was a true public health leader and hero. I will miss his leadership and guidance. As a small token of remembrance and in recognition of his public health leadership, including helping to establish COF, the COF Board of Trustees has conferred the title of “Trustee Emeritus in Memoriam” to RADM Michael.

Our mission continues.
Healing With CAARE Mission 2018

by LCDR Kimberly Calvery

During a discussion at the kitchen table between sisters Patricia Riley-Amaechi and Dr. Sharon Elliott-Bynum in 1995, the non-profit organization known as the Center for Accessible Affordable Health, Research, and Education (CAARE) was born. At its core, CAARE provides services to address cancer, cardiovascular disease, diabetes, HIV/AIDS, and obesity which are the health disparities that contribute to the highest mortality rates in Durham County, NC. CAARE services are highly dependent upon support of the federal and state government, private donors and volunteers.

CAARE co-founder, Dr. Elliott-Bynum, served as an invited speaker during a 2008 North Carolina Commissioned Officers Association (NCCOA) event. This marked the beginning of the relationship between the USPHS Commissioned Corps and CAARE. In 2014, Dr. Elliott-Bynum’s speech at the USPHS Scientific and Training Symposium in Raleigh, NC, highlighted the value and power of service, adaptability, perseverance, and sharing of resources.

The passion behind Dr. Elliott-Bynum’s speech inspired CAPT Beverly Dandridge to expand opportunities for PHS officers and others to give back to the community and replicate services like those of CAARE nationally. She wanted to create a meaningful service project that aligned with PHS core values and the objectives of the Surgeon General’s National Prevention Strategy. So, after months of preparation and planning, during the Martin Luther King weekend of service in January of 2015, CAPT Dandridge formed a partnership between the Nurse Professional Advisory Committee (NPAC) and CAARE and the first Healing with CAARE mission was held with 34 PHS volunteers.

Despite the unseasonably-frigid temperatures (below mid-20 degrees both days) and horrendous flu season, the fourth annual NPAC Healing with CAARE Mission took place January 15-16, 2018, in Durham, NC, under the leadership of CAPT Dandridge and her Deputy Lead, CAPT Aisha Mix. CAPT Dandridge and her leadership team were joined by RADM Susan Orsega, Chief Nurse Officer, and 94 PHS officers (five of whom came from Alaska for their second or third trip). Additional volunteer support came from officers’ family and friends and students enrolled at North Carolina Central University.

On January 15, 2018, the Martin Luther King, Jr., Day of Service, CAARE Mission volunteers performed service work with the CAARE women’s veterans dormitory, Habitat for Humanity, senior assisted living facility, animal shelter, TROSA and the Welcome Baby Family Resource Center. Officers also worked with the NC Harm Reduction Coalition by assembling over 500 Naloxone kits and with the Medical Reserve Corps (MRC) Veterans Clinic by taking blood pressure checks and being available to discuss VA benefit sign-up process.

Through flexibility, adaptability and dedicated teamwork, PHS Officers and civilian volunteers provided more than 1100 person-hours during sixteen community events. The economic impact of the 2018 CAARE Mission volunteer activities, according to Independent Sector methodology, was equivalent to approximately $43,210 in cost-savings across the community.

Through a third sister, Carolyn Hinton (current CAARE CEO), and the partnerships established between CAARE, NCCOA and NPAC, the legacy of Patricia Riley-Amaechi and Dr. Sharon Elliott-Bynum will continue to live through the regular health promotion events NCCOA coordinates with CAARE and the annual Healing with CAARE Mission. CAPT Dandridge has already started strategizing for the next mission and challenges each category’s Chief Professional Officer to challenge their officers to “do something different” by joining her in Durham, NC, January 20-22, 2019.
As I watched the 4th of July parade earlier this month in a tiny mid-Michigan town, I couldn’t help feeling a sense of pride for our country. Flags waved, fire and rescue vehicles blared their horns, and a high school marching band played their hearts out as they filed by. Even the local politicians were here, as were the much-revered Veterans of Foreign Wars – still marching proudly decades after retiring. However, amidst all of this pomp and the shiny blue and red tinsel, there was something missing. I leaned over to my brother and mentioned that we should enter a Public Health Service float next year. He laughed, didn’t take me seriously, and then changed the subject.

But why not?

As we celebrate the birth of our country and the liberty our armed forces have fought for, we should not forget the freedoms that the Public Health Service has secured for us. Since early in our nation’s history, our PHS Quarantine Officers guarded our borders against the importation of smallpox, cholera, tuberculosis, and varicella, the latter of which our Quarantine officers are still fighting today. We provide healthcare to our country’s poor and desolate, to those in remote areas, and to those in prison. Our officers were on the front lines in the war against diseases like Ebola and influenza, and they are extend their expertise through care and compassion to the families who make their way across our Southern border. Having served through many emergency responses, I have experienced firsthand what it is like to work past the point of exhaustion so that I can serve my country. Our officers give of their time and their energy, and, yes, sometimes they risk their lives to fight against disease, often at a fraction of the pay our civilian counterparts receive.

In Michigan, where I call home, the Public Health Service has been active for over 150 years. A few short driving hours from my home town stood the Detroit Marine Hospital, run and staffed by our service until 1981. Michigan was the site of at least four of the worst foodborne illness outbreaks in recent U.S. history, all of which were investigated by Public Health Service officers from CDC and FDA. The Father of Veterinary Public Health came from Michigan State University. In 2015, Michigan was the site of the Flint water crisis. Today, there are at least three highly-contaminated areas across the state where our Environmental Health Officers work in an effort to stop exposure to contaminants and understand the health impacts of the contamination. In the eastern part of the State PHS officers are assigned to FDA and CDC. Yet, no one here knows who we are.

At the last COA Symposium, I was asked what I wanted to accomplish this year. I told them that, more than anything, I felt that we needed to promote the name of the Public Health Service. As a Service, I think we have been content to work quietly behind the scenes, letting our accomplishments speak for us. But, unfortunately, working behind the scenes means that we don’t exist to the greater American public. I want to get our name out there and to embed media with our officers in the field. Together, we can find a way to pull our Service out of the shadows and let the world know what we accomplish.

I was heartened to read ADM Brett Giroir’s note to us on July 5th. He mentioned that for the first time ever, the USPHS was invited to march in the 4th of July Parade through Washington, D.C. This is a huge step in getting the word out about who we are. My hope, as your new COA Chair, is to continue these efforts so that the every State in our country knows who we are and what we do for their communities. And maybe, in a few years, we will get that step in getting the word out about who we are. My hope, as your new COA Chair, is to continue these efforts so that the every State in our country knows who we are and what we do for their communities. And maybe, in a few years, we will get that Public Health Service float.

-CDR Heather Brake is an officer in the Veterinary Category and is currently serving as the CDC Associate Director for Communication for the National Center for Environmental Health and the Agency for Toxic Substances and Disease Registry.
Bureau of Prison Officers from FCC Butner Deploy in response to Hurricane Irma

by CDR Yvonne Lassiter

In October 2017, members of Rapid Deployment Force Team 1, were deployed in response to Hurricane Irma. Pictured above are three nurses, one nurse practitioner and one physician assistant. These providers are assigned to the Federal Correctional Complex in Butner, NC. They flew from Raleigh-Durham to Atlanta, where they met with the rest of their RDF-1 team members and were staged overnight. From there, everyone rode in chartered buses to Orlando, FL, where they received additional direction and respiratory fit testing. The next day, they were off to Fort Myers, FL. Upon arrival, they were assigned to a special needs shelter at a high school. The residents in the shelter had been displaced from their homes, and many came with very few personal items. These officers worked 12-14 hours a day assisting this vulnerable population.

Post 9/11 GI Bill Changes in Transferability

by Col. (ret.) Jim Currie, Executive Director

As many of you may know, transferability of GI Bill benefits for PHS officers was a direct result of the efforts of COA staff and members, who persuaded Congress to approve an amendment to the statute which established this version of the venerable GI Bill. COA members have individually saved tens of thousands of dollars through transfer of their earned benefits to members of their family.

What we learned recently is that the Defense Department has issued guidance about changes that it is making in the transferability provisions of the law. We are not sure where DoD’s authority for these changes came from, but we presume that they will take place on schedule—and that they will affect the officers in the US Public Health Service. Indeed, the 12 July 2018 press release from the Defense Department (please see the COA website at http://www.coausphs.org/media/1897/dod-press-release-on-gi-bill-changes-july-2018.pdf) specifically states that this change will apply to the USPHS, to NOAA, and to the Coast Guard, though all of these organizations are outside of the Defense Department.

Stating that this is all about “retention,” the DoD pronouncement says that effective one year from the date of this release (i.e., 12 July 2019), servicemembers with sixteen or more years of creditable service will not be allowed to transfer their GI Bill benefits to a family member. What this means is that there is a ten-year window during which GI Bill benefits may not be allowed to transfer their GI Bill benefits to a family member. What this means is that there is a ten-year window during which GI Bill benefits may not be allowed to transfer their GI Bill benefits to a family member. What this means is that there is a ten-year window during which GI Bill benefits may not be allowed to transfer their GI Bill benefits to a family member.

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If you have already made the transfer to a child or spouse during that ten-year window, you are okay. The benefits don’t have to have been used, only signed-up for, which is done through application to the Veterans Affairs Department. Benefits can be reallocated for any reason if, for example, you have a child who goes to a service academy, receives a full athletic or academic scholarship, or decides not to attend college. In any of these cases, or any other, you can reallocate benefits to another child or to your spouse. The child has to under eighteen years old and not more than twenty-three, under certain circumstances.

The point is that you have to have applied for the benefit and gotten it assigned to a family member before you hit sixteen years of service. Once you assign such a benefit, you must agree to serve at least another four years. If you don’t have four years of service time remaining, you are out of luck.

COA will be watching for these and other changes in the Post 9/11 GI Bill, as this is a wonderful benefit brought to you by COA’s efforts.
by RADM Bob Williams, USPHS (ret.)

How can you effectively remember a man who literally educated and touched the lives of thousands of PHS Commissioned Corps Officers and public health professionals across the nation? A man who stood courageous for public health no matter the odds or the consequences? A person whose smile would always light up a room, who was gracious and endearing to all he knew and met, who never lost the opportunity to say “well done” and “thank you”?

RADM Jerrold M. Michael is remembered as a gentleman’s gentleman, an astute and sage professor, a true champion of public health, and the consummate PHS Commissioned Officer throughout his life. Most of all, he was our friend.

He was one of the strongest supporters of the Commissioned Officers’ Association, and served as the Founding President of the Commissioned Officers’ Foundation for the Advancement of Public Health. A regular participant in the annual Scientific and Training Symposium, he could be seen mentoring junior officers, regaling them with the history of the earliest days of the Centers for Disease Control and Prevention and the Indian Health Service, or standing toe-to-toe with Surgeons General and Assistant Secretaries of Health imploring them to strengthen the future of the Corps. His wife Lynn was often at his side, her pride in and dedication to the PHS officers every bit his equal. As COF’s singular Trustee Emeritus, RADM Michael constantly advocated in writing and speeches for the value and importance of public health across all arenas of the government. A proponent of continuous learning, he was a perpetual force behind leadership training; his mantra was “each of our young officers has the leadership skills within them that will be needed to address future challenges. Our opportunity - as current leaders of the PHS Commissioned Corps - is to invest now in that future leadership potential.” This commitment to continual learning is recognized each year by the RADM Jerrold M. Michael Award bestowed on an engineer or architect who demonstrates personal commitment to the education and development of his/her peers.

Jerrold Mark Michael was born in 1927 in Richmond, VA. Upon graduation from high school in Washington, D.C., he enlisted in the US Navy and served as a Hospital Corpsman at the end of World War II. On March 17, 1951, he married Lynn Simon in Washington, D.C.

Following a twenty-year career in the Commissioned Corps of the US Public Health Service, RADM Michael served for twenty-five years as Professor of Public Health and for the majority of that time, as Dean of the School of Public Health at the University of Hawaii and subsequently for fourteen years as a Professor of Global Health at George Washington University.

Jerrold “Jerry” Michael began his Commissioned Corps career in June of 1950 as an Ensign assigned by the Centers for Disease Control (CDC) as part of a Polio research project in Arizona. In 1951 he was detailed to serve as the Deputy Director of the Phoenix, AZ, Public Health Department, returning to CDC in 1953 to serve as an instructor in the engineering and community health training activities of CDC in Atlanta. The vast majority of his students, he remembered, were veterans of WWII. “They were a highly motivated group. They were prepared to better their professional status and prepared to learn.” As a prior Navy Medical Corpsman, he found common ground with his students, and he grew as well, “For me, helping people become more proficient in their professions was a career-shaping opportunity.”

In 1959 he was transferred to Washington, D.C., where he served until September 1962 as head of the national training activities for the PHS emergency health mobilization program under the Office of the Surgeon General. From 1962 to 1966 he was the chief of training and then became the Chief of Staff for the Division of Indian Health, Bureau of Medical Services where among other duties he was responsible for preparing construction planning guidelines and design criteria for Indian hospitals. In 1966 Jerry was assigned to the Bureau of Medical Services and its replacement, the Bureau of Health Services, where he helped manage a variety of public health programs. While there, he was promoted to Assistant Surgeon General with the Commissioned Corp rank of Rear Admiral (RADM). He subsequently served as Assistant Director of the Consumer Protection and Environmental Health Service. He retired from the Corps in January of 1971.

RADM Michael was a registered Professional Engineer and a Diplomate in Environmental Engineering. He graduated from George Washington University (Civil Engineering - 1949); Johns Hopkins University (Sanitary Engineering - 1950) and University of California (Masters in Public Health - 1957). He also held a Doctor of Public Health Degree from Mahidol University in Thailand and the degree of Doctor of Science from Tulane University.

see JERROLD M. MICHAEL continued on page 10
In July 2018 the National Disaster Medical Service (NDMS) hosted a Training Summit in Atlanta, GA, for responders from both NDMS teams and the US Public Health Service (USPHS). This event involved some 2,500 responders including over 460 USPHS officers, and represented nearly every Commissioned Corps deployment team. The program provided an opportunity for participants to hear from and ask questions of senior Health and Human Resources (HHS) leadership as well as to receive hands-on training in a variety of topics geared toward the varying disciplines of responders.

The plenary sessions were hosted by Ron Miller, Director of NDMS, and featured speakers like Dr. Robert Kadlec, Assistant Secretary of Preparedness and Response (ASPR); Edward Gabriel, Principal Deputy ASPR; Don Boyce, Deputy ASPR; and Dr. Kevin Yeskey, Acting Deputy ASPR. These speakers provided participants with a wonderful update on current trends and planning on the overall direction of HHS response operations.

After these daily opening sessions with leadership, we were provided a number of opportunities for both classroom and hands-on lectures. There was time for all participants to update fit testing as well as to have the unique experience of learning and practicing donning and doffing of the full Personal Protective Equipment used for responding to a chemical, biological, radiological or nuclear threat. Most participants enjoyed working with a partner to fully assemble and, often for a first time, try on this gear. In addition to these hands-on sessions, all responders received familiarization training in use of the NDMS electronic medical record and Joint Patient Assessment and Tracking System to understand how patients are tracked as they are moved through the disaster response system.

Additional sessions were broken down into dozens of smaller groups to learn about a broad range of topics of interest to the specific officers. These ranged from updates on the Strategic National Stockpile, understanding operations of a Federal Medical Station, new and novel products being developed to treat unique diseases such as anthrax, and recognizing and working with vulnerable populations. The most popular of these sessions was a talk from Dr. Tom Kirsch, from the Uniformed Services University of the Health Sciences, titled “What Wilderness Medicine Can Teach Disaster Responders.” This was a great talk on use of common items responders should pack and unique uses that can greatly help accomplish the mission in an austere environment.

Aside from just attending, USPHS officers had significant leadership roles in operating the summit. The planning committee used the involvement of seven officers, and twenty-one PHS officers presented during the week. Their lectures ranged from CAPT Mark Kittleson teaching about lessons-learned from the Las Vegas shooting to CDR Agram Rao teaching how to properly administer smallpox vaccine.

While the teaching lasted over eleven hours each day, officers did have great opportunity to meet, face-to-face, with colleagues with whom we work daily in respective Professional Advisory Committees and on conference calls for our deployment teams. At the end of the week everyone left the conference with both increased knowledge of how to carry out the assignment when disaster strikes and a renewed sense of pride to be privileged to take part in such a great mission.
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On June 27th, 2018, Assistant Secretary for Health and Senior Advisor for Mental Health and Opioid Policy, ADM Brett P. Giroir announced the Community Health and Services Missions (CHASM) initiative to encourage Commissioned Corps Officers to conduct community events in collaboration with local, state, tribal, and non-governmental organizations to provide public health services for underserved populations.

One such community engagement is being launched by the Asian Pacific American Officers Committee (APAOC) to address mental health challenges in Asian American and Pacific Islander (AAPI) communities. From 1999 through 2016, suicide rates rose in nearly every state except Nevada.1 Meanwhile, suicide deaths have catapulted to the top as the leading cause of death for AAPI adolescents 12-19 years old in 2016.2 AAPI is the only ethnic group that has suicide as the top leading cause of death in the youth population, while AAPI cultures tend to perceive mental health negatively and is considered a topic of taboo. This perception discourages individuals and families from seeking both personal and professional help. It further isolates individuals and prevents them from getting the support they need. In response to this alarming public health threat, APAOC, administered under the Office of Surgeon General, established the Healthy Mind Initiative (HMI) to help build bridges between available resources and underserved AAPI communities through leveraging their existing cultural ties and their multi-language skills to promote mental health awareness among AAPI youth and communities in the Washington, DC metro area.

To ensure that APAOC officers are prepared to conduct the outreach, the initiative partners with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Montgomery County Health and Human Service’s Asian American Health Initiative (AAHI), and the National Institutes of Health’s National Institute on Minority Health and Health Disparities (NIMHD) to leverage their expertise in mental health, outreach, and the professional community network, and to train APAOC officers. The HMI further collaborates with the Scientist Professional Advisory Committee (SciPAC) and the Health Services Professional Advisory Committee (HSPAC) of the United States Public Health Service (USPHS), and other educational, cultural, and private organizations to further reach to promote mental health in the AAPI communities.

On June 15 and June 22, SAMHSA and AAHI held Train-the-Trainer sessions to educate officers and leaders of the HMI partners and collaborators in the Montgomery County AAHI office in Rockville, Maryland. Dr. Larke Nahme Huang, the Director of SAMHSA’s Office of Behavioral Health Equity and Senior Advisor for Health and Senior Advisor for Mental Health and Opioid Policy, ADM Brett P. Giroir, MD (Left), reported to ADM Brett P. Giroir, MD (Left), about APAOC’s Healthy Mind Initiative at the 2018 USPHS Symposium in Dallas, TX.
The US Department of Housing and Urban Development (HUD) & Maryland

by LCDR Rhonita Culver and LCDR Stephanie Felder
Chapter of American Gold Star Mothers Memorial Day Event

On 24 May 2018 the Department of Housing and Urban Development (HUD) held its annual Memorial Day Ceremony in recognition of fallen heroes and prisoners of war. The ceremony was conducted at the HUD headquarters in Washington, DC. The Washington, DC, Commissioned Officers Association (DC-COA) Veterans and Military Outreach subcommittee, led by LCDR Stephanie Felder, was represented by LCDR Rhonita Culver, LCDR Brandon Johnson, and LCDR Marriah Lombardo.

The event began with speeches welcoming the families from two Cabinet-level dignitaries, Secretaries Ben Carson of the Department of Housing and Urban Development and Betsy DeVos of the Department of Education. The president of the Maryland Gold Star Mothers Chapter, Janice Chance, also spoke at the event, as did Laurie Sayles, President & CEO of Civility Management Solutions and a Marine Corps veteran. The keynote speaker was CSM (ret) Michele S. Jones of the United States Army. Each speaker offered a message of hope and support to the families of some of our great American heroes.

USPHS officers escorted Gold Star Mothers as they received certificates of remembrance in recognition of their sons and daughters who were killed in action while serving our country. Additionally, LCDR Felder presented Secretary Betsy DeVos with the Prisoner of War (POW) flag. The POW flag flew over HUD headquarters in recognition of the 2018 Memorial Day. USPHS officers in attendance used this opportunity to show appreciation for the Gold Star mothers and for veterans. USPHS officers served in a highly-visible support role during this event; the officers were commended by leadership from HUD and the Department of Education. For more information on how to assist in future DC COA Veterans and Military Outreach Subcommittee efforts, please contact LCDR Stephanie Felder (Stephanie.Felder@cms.hhs.gov).

Be Present

I had the pleasure of attending the annual COF in Dallas earlier this month. Despite the lack of conditioned air throughout the meeting areas, it was an awesome symposium. The sweltering temperatures, in fact, were not the only thing that were increased this year; the number of attendees for the 2018 Symposium broke records for COA/COF. I firmly believe this is what happens when you have high-quality leadership that is present. Being present involves more than physically attending a symposium. Our new leadership, both the Assistant Secretary for Health and the Surgeon General, are first and foremost present by choosing to don the US Public Health Service uniform. They are also present on social media, present by emailing and directly communicating with officers, and present by attending meetings, trainings, conferences, and deployments all over the entire U.S. and U.S. Territories. Not only were they present for the 2018 Symposium, they were both present for the entirety of the symposium and met directly with each category for Category Day. Quality leadership involves a multitude of principles and practices. A positive attitude, genuine humbleness and leading by example are just to name a few. Both of these leaders set an awesome example for each and every officer in the US Public Health Service by simply being present.
I was very excited about the opportunity to participate in the “Developing and Implementing an Outward Mindset” (DIOM) offered at this year’s COF Symposium in Dallas. Though I’m located at the FDA White Oak campus of FDA, opportunities for actual leadership training seem few and far between. This seemed like a great opportunity to learn how to improve my leadership skills to become a better officer in my agency and for the Commissioned Corps. Little did I realize how quickly this training would have an impact on me, not just professionally, but even more profoundly in my home and personal life.

I was interested in this concept of an “outward mindset;” in general, I feel I’m a pretty good person and try to see the best in others. The concept is presented in the book Leadership and Self-Deception by the Arbinger Institute. I know there have been “book circles” with other officers using this and other books by Arbinger, but I hadn’t had the time to participate.

It was this concept of “self-deception,” though, that I hadn’t expected to resonate with me.

The DIOM training has spoken volumes in my life. I immediately put it into practice with an issue I had been experiencing involving my son and his teacher. My son is a very active eight-year old and had recently started private school. The school has a very strict code of conduct; however, there is some provision for younger kids who are still progressing toward maturity. I felt that the teacher was singling out my son, and I sent a strongly-worded email to her and the Vice Principal detailing my dissatisfaction. I was in the midst of dealing with this situation when I attended DIOM in Dallas.

DIOM made me recognize the inward mindset that I was in (I felt my son deserved better as he is a good student whose only vice is getting bored easily; I felt better than the teacher who only had limited experience with non-private school, gifted children and that she had no basis for her behavior toward my son). DIOM helped me to ask myself some hard questions relating to how she perceived my reaction. I realized that my mindset inhibited communication and ultimately did not help us progress.

On Monday, after the Saturday and Sunday DIOM sessions, I sent her an email apologizing for my earlier communications and asked for forgiveness and an opportunity to discuss a path forward. I was nervous about whether she would respond because I questioned her ability to do her job. The next day she responded with a welcoming email and positive thoughts about my son. She had intimated these thoughts and well-wishes previously, but I know that my inward mindset prevented me from observing and acknowledging her good intentions. I am extremely pleased with the outcome, as I was planning to withdraw my son from that school due to this seemingly-impossible situation.

Thanks so much to COF for this opportunity. This course is truly life-changing.

By CDR Oluchi Elekwachi

My practice is limiting exposure to hazardous materials and disease.

My passion is saving lives.
A Tribute and a Challenge

CAPT Jerry Farrell, USN (Ret.), COA Executive Director, 2001-2014

In life, a rare good fortune is to know a great person. Rear Admiral Jerrold Michael, DrPH, ScD, USPHS (Ret.) was such a person. Jerry Michael passed away in the early morning hours of July 25, just a few days shy of his 91st birthday.

I first met Jerry Michael on October 7, 2001, a Sunday. Jerry was one of several search committee members interviewing me as an applicant to be executive director of the Commissioned Officers Association of the US Public Health Service (COA) and its affiliated foundation. When asked if I had any questions, I inquired why the committee was interviewing this retired career Navy officer.

After a prolonged silence, a distinguished looking older gentleman with a full head of white hair, said the association was concerned that the PHS Commissioned Corps had lost its identity as a uniformed service – an identity the association thought was key to the Corps’ survival. They were looking, he said, for someone who understood the culture and who could help lead the association and the Corps back to its rightful place as one of the seven uniformed services.

It was a challenge that resonated with me, and that white-haired gentleman, Jerry Michael, quickly became a mentor, teacher, collaborator, and dear friend.

Jerry was a man of deep faith and spirituality, fiercely committed to his family, and an unabashed patriot. But to a great extent his life was defined by his unrestrained zeal in promoting public health – not just here in the United States, but globally. Jerry had a keen understanding of the thorny relationship between politics and public health. And, he believed, as a patriot, in the capacity of our government to do good. Although he would be the first to admit that sometimes the government needed some firm prodding to figure out exactly what was good.

I came to my new job from a national security background. Jerry helped me understand that public health is the sine qua non – the most fundamental component of national security – and, by extension, of global security as well. Without a healthy population, our workforce and economy are weakened, and our armed forces struggle to find able-bodied service members. The planet’s history is replete with examples of global health crises leading or contributing to regional, if not worldwide, instability.

Having cut his professional teeth as a Navy corpsman at the end of World War II and then as a young engineer officer in the Public Health Service, Jerry knew how essential to national security it is to have a commissioned corps of uniformed public health officers integrated with the other services. He worked tirelessly, often quietly and behind the scenes, to convince senior leadership of the importance of aligning the PHS Commissioned Corps more closely with its sister uniformed services.

Jerry spent twenty years on active duty in the PHS Commissioned Corps, rising, at the age of 37, to the rank of rear admiral – the youngest ever in the Corps’ history. He served in a variety of posts throughout his Corps career – CDC, IHS, the forerunner of the EPA, and others. Upon his retirement, Jerry joined the faculty of the University of Hawaii School of Public Health, where he served for almost twenty-five years as professor and dean. While in Hawaii, Jerry continued his active involvement with the PHS Commissioned Corps. He was an advisor to Surgeons General and worked with them to establish a network of public health schools around the Pacific rim.

Among his greatest contributions to public health and the Commissioned Corps during his time in Hawaii was his recruitment into the Corps of so many of his students from the University of Hawaii. After leaving Hawaii and returning to the Washington, DC, area, Jerry was appointed Professor of Global Health at his alma mater, George Washington University, where he assisted in the development of a new School of Public Health and continued to recruit his students into the Corps. Many of you reading this today were Jerry’s students, protégés, and beneficiaries of his mentorship.

Among his many accomplishments, Admiral Michael was the prime mover and founding president of the PHS Commissioned Officers Foundation for the Advancement of Public Health, one of the foundation’s most generous donors, and a tireless fund raiser. The admiral was adamant that one of the foundation’s primary missions would be the support of furthering the professional education of young PHS officers. The RADM Jerrold Michael Global Health Fellowship Program in the Foundation’s Koop Living Legacy Fund is named in his honor and dedicated to his vision.

Jerry fought for the PHS Commissioned Corps through his 80s. A few years ago, Congress was debating legislation to establish the Post 9/11 GI Bill. COA was fully engaged to make sure that all
Raising Morale Far From Home

by CDR Molly Rutledge, LCDR Kathryn Jacques

Receiving packages from the lower 48 can raise morale within a unit assigned in Alaska. For the USPHS therapists of Alaska, the package received from an anonymous civilian sender from Colorado did just that.

Each officer received various items including shoeshine, eyeglass cleaning kits, cold weather gear and outdoor toys for dependents. Along with the package, the officers received a letter of sentiment for their service to both urban and rural Alaska.

CDR Molly Rutledge, pediatric speech-language pathologist was present for the opening. “I can’t express enough gratitude from myself and all of my therapist colleagues,” said CDR Rutledge. “It was great to come together as a team and enjoy this event especially since many of us are so far away from our family and friends.”

LCDR Kathryn Jacques, clinical director and physical therapist, said that opening the package instantly lit up the room.

“We don’t do this for the recognition, but a little pat on the back does help,” said LCDR Jacques.

The therapists serve various parts of Alaska and range in ranks from lieutenant to captain. They serve both inpatient and outpatient Alaska Native and American Indian patients ranging in age from preterm birth to elderly.

TRIBUTE from page 15

seven uniformed services were included.

First drafts of the bill limited it to armed services only. The bill was working its way through the Senate Veterans Affairs Committee and the principal committee staffer was not particularly supportive of amending the language to include the PHS and NOAA Corps. As it happened, the chairman of the committee at the time was the junior senator from Hawaii, the late Dan Akaka, whom Jerry knew well from his years in the Aloha State.

Jerry volunteered to arrange a meeting with Chairman Akaka. When we arrived, the unhelpful staffer was there to greet us and we made uncomfortable small talk while awaiting the Senator’s arrival. When Chairman Akaka came into the room, he exclaimed “My brother Jerry!” and gave Jerry a Hawaiian bear hug. The staffer underwent an immediate conversion.

Jerry Michael’s legacies are many. His emphasis on ethics and integrity in leadership is an example we should all follow. He will live on as a lion of public health through his work promoting public health around the Rim of the Pacific; through the officers and other public health professionals he taught and recruited; the public health officers foundation he established; all those officers who benefit from the Post 9/11 GI Bill; and his children and grandchildren and their exceptional work in service to our country and the world. Jerry Michael made a real, tangible and living difference in our global community. He was recognized and honored around the world for his many important contributions to global health. He has an endowed chair named in his honor at the Hebrew University of Jerusalem, and was awarded the Royal Order of the Elephant by the King of Thailand – a rare distinction for a foreigner. He is also the recipient of COA’s RADM Robert Brutsche award for service to the association and the Commissioned Corps.

For those of us fortunate enough to have known him personally, we understand the tremendous loss his passing is, not only for his family, but also for the Corps and global public health. And therein lies the challenge for all PHS Commissioned Corps officers, whether active duty or retired. Who among you will take up the mantle of Jerry Michael’s leadership and continue his fight for the PHS Commissioned Corps? In our last conversation two weeks before his passing, Jerry expressed his concern about the renewed attacks on the Commissioned Corps from within the current Administration. The Surgeon General, as an Administration appointee, is always constrained in their ability to push back against an agenda with which (we hope) they do not agree or support. The Corps needs another courageous lion in the mold of RADM Jerry Michael to lead the fight. COA will do its part, but the real leadership must come from within the Corps itself. Jerry Michael is gone. It’s up to you now.

Aloha dear friend. Rest in Peace.

TRIBUTE from page 15
Medical CPO Meet and Greet at FDA White Oak

by LCDR Ohenewaa L. Ahima, MD, FACP, USPHS

July 10, 2018

On June 12, 2018, medical officers in the DC area had the opportunity to meet with our CPO, CAPT Brian Lewis, at the FDA campus at White Oak and share our perspectives and challenges as PHS physicians.

The meeting was a way for officers to learn more about each other, including our CPO, about the PHS physician vision for the next 4-5 years, and to discuss topics presented at the COF Symposium. CAPT Lewis shared his background as a Senior Regulatory Review Officer at the FDA’s Center for Devices and Radiological Health in cardiac pacemakers and implantable cardioverter defibrillators and the work he does at the VA in Washington DC.

Since joining the PHS in 2003, he has been very active in promoting the vision and work of the Corps by serving in many capacities. In addition to being the Medical CPO, CAPT Lewis is the Director of the Medical Services Branch of RDF-1 and is a member of the USPHS Music Ensemble, where he conducts and plays the guitar. CAPT Lewis used a real medical challenge he faced at the beginning of his career at the FDA to emphasize the importance of communication. He shared his vision as the CPO, which is Always Building Up Public Health through Better Connections, Better Communication, and Better Capability.

He stated that his role as the CPO is to listen to our challenges and perspectives and to convey these issues effectively to the PHS leadership. CAPT Esan Simon summarized some topics discussed at the COF symposium including the vision of the ASH and SG, and potential changes that have been proposed. He encouraged everyone present to try to attend the next symposium to be held on May 6-9, 2019 in Minneapolis.

The meeting provided medical officers with invaluable information including opportunities for professional development, and physician recruitment and retention. CAPT Susan Karol provided preliminary information about clinical opportunities at the 40 hospitals in the Indian Health System (IHS). CAPT Theresa Watkins-Bryant discussed the possibility of partnering with other agencies, such as HRSA, to help officers find clinical sites for practice. CDR John Umhau introduced his current initiative using telemedicine to tackle the opioid epidemic by having PHS medical officers educate healthcare providers in the community about Vivatrol (naltrexone).

This much-needed service would have the added benefit of the medical officer’s being able to fulfill their clinical requirements while working remotely from their office. Interested officers are encouraged to contact Dr. Umhau directly at John.Umhau@fda.hhs.gov. Other opportunities for professional development discussed included training opportunities at the Uniformed Services University (USUHS), and participating in the various specialty interest groups within the Physician PAC to learn more about prospects for direct patient care. More information about these programs will be provided in upcoming PPAC communications. Medical officers are encouraged to acknowledge any deficiencies in their medical skills and to seek opportunities to improve on this as well as their knowledge by taking advantage of some of these programs mentioned above, looking for mentorship, and being active in the PPAC.

For the medical officers who were unable to attend this meeting, there will be more opportunities in the very near future. This was the first of many such meetings planned by CAPT Lewis for medical officers to learn more about us and for us to continue to find ways to build ourselves as Corps physicians. The plan is to have similar meetings every quarter and to host them at the various agencies to increase participation and opportunities for networking with other PHS physicians in the Washington, DC, area. So, keep checking your messages because the next meeting may be at your agency!

Special thanks to LTJG Rachel Forche for coordinating the event.
Inaugural Photo Contest

by COA Staff

LCDR Stephanie (Briguglio) Kenez stepped up to lead the way. The FDA officer saw a similar photo contest held at her alma mater, the University of Maryland School of Public Health, and thought it could happen at the USPHS Symposium. LCDR Kenez realized the USPHS Commissioned Corps has many photographers in its ranks.

Dozens of fellow officers heeded her call for submissions. Posted in the hallway of the 2018 USPHS Scientific and Training Symposium in Dallas, conference attendees voted on their favorites. Competition was tough. After all votes were tallied, three submissions rose to the top. They included:

Congratulations to all winners and everyone who submitted photos for consideration. The winners will receive PHS pride merchandise from a few COA Local Branches. We thank LCDR Kenez for organizing the inaugural photo contest. We hope to continue the contest at the 2019 USPHS Symposium in Minneapolis. So, start snapping photos of anything related to your work or life as a PHS officer!

First Place: LCDR Michael Muni demonstrates a modified safe hand shake to an orphan in Dolo Town, Liberia* by LT Michelle Holshue,* by LT Michelle Holshue

Second Place: CAPT Dana Hayworth comforts a patient during the Air Mobility Command transport from Miami to Atlanta after a hurricane struck* by CDR Charmaine Flotildes

Third Place: An Ebola survivor returns to the Monrovia Medical Unit to witness the Change of Command Ceremony from Team 3 to Team 4* by CDR Jialynn Wang
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White Earth Officers Partner with Tribal Health and Sponsor Physical Activity Competition that Benefits Local Charity

by LCDR Dena K. Smith and LCDR DeAnne L. Udby

The White Earth Service Unit Commissioned Officers meet every-other-month to improve camaraderie, share knowledge of policy change, increase public visibility through participation in community events, and promote a healthy physically-active lifestyle. To accomplish the above goals, LCDR Dena Smith, LCDR DeAnne Udby, and LT Lindsi McArthur coordinated a physical activity competition to support the American Heart Association’s “Move More in April/National Walking Day” initiative and “Step It Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities.”

Forty-eight participants registered for the physical activity competition. Event coordinators sent weekly encouragement e-mails consisting of information on physical activity benefits, ways to incorporate physical activity into daily life, and physical activity recommendations for all ages. A display in the clinic lobby highlighted the friendly competition and total number of steps taken and encouraged patients to increase physical activity while waiting for their prescriptions!

There was no registration fee required for participants in the physical activity competition; however, many individuals voluntarily donated to a charity. Organizers of the competition chose to give to the White Earth Kids Caring Store, which is a White Earth Reservation community store where families are rewarded with items from the store when they receive recommended health care services such as immunizations and well-child checks.

The physical activity competition was a huge success! The group logged over 4 million steps and raised $315. Donations were used to purchase supplies for ten “Bath Baskets” and eight “Fun in the Sun/Sun Safety Baskets.” Proudly, the White Earth Service Unit Commissioned Officers collaborated with the local Tribal Health Staff, promoted visibility of Commissioned Corps Officers, and gave back to the local community!
The information we requested in our Freedom of Information Act (FOIA) request to HHS, which is how we were told to ask for these data, was the following:

- Locations of Commissioned Corps deployments over the past ten years, including city or county and State where Corps officers have been deployed, dates deployed, how many officers were deployed, and for what purpose
- Current number of Corps officers by organization (e.g., FDA, DoD, CDC, etc.)
- Current number of Corps officers by duty stations (city and/or county and State) and organization at the duty station

Once we obtain these data we will go to the members of the COA Legislative Affairs Committee and ask for their help in figuring out which Congressional districts are identifiable in the data. When we have this worked out, we will set up meetings on the Hill. We will be reaching out to retired COA members and asking them to accompany us on these visits. Judy Rensberger, John McElligott, and I will all be leading separate groups to the Hill, as we want to reach as many members as possible.

We intend to target members of Congress whose districts and States have benefited from Corps deployments over the past few years. We want to be able to tell them precisely when Corps officers deployed to help their constituents and how many officers were deployed. If we tell them that as a result of arbitrary cuts in Corps strength—and make no mistake, this proposed reduction is totally arbitrary—there will not be as many officers to deploy in the event of the next flood or hurricane or tornado, they will take notice.

We also want to go to Congressmen in whose districts Corps officers are assigned. If we tell a Congressman from Arizona that their district currently has 100 Corps officers assigned, all of whom are highly-educated and well paid, and that they might lose close to forty percent of them because of an arbitrary reduction in the size of the Corps, they will take notice. Corps officers assigned in a particular district represent jobs in that district, and if there is one issue that always rises to the top of the list of member concerns on Capitol Hill, it is jobs.

Finally, we intend to visit with every member of Congress who serves on one of the two authorizing committees for the USPHS, regardless of whether or not they fall into one of the first two categories. This would include members on the Energy and Commerce Committee on the House side and the Health, Education, Labor, and Pensions Committee on the Senate side.

So, we will let members of Congress know about the potential reduction in ability to respond to disasters, and we will let members know about the reduction in jobs. We will make this information as specific as possible. As we have said in the past, we don’t know of enemies the Corps has on Capitol Hill, but we also know that many members of Congress simply do not know enough about the Corps to have an informed opinion of it.

Our approach to all of these members and their staffs will largely fall into these categories:

- There are no data nor analyses offered to justify this 2500-officer reduction. The only source cited is a twenty-two year-old GAO report that is widely regarded as inaccurate and irrelevant and which was rejected by the Department of Health and Human Services when it was released more than two decades ago.
- We do not believe that agencies like the Centers for Disease Control and Prevention, the National Institutes of Health, the
Coast Guard, the Food and Drug Administration, the Indian Health Service, the Federal Bureau of Prisons, and other organizations where PHS officers are assigned would be able to function nearly as efficiently with a thirty-eight percent reduction in their PHS officer strength. USPHS officers fill such critical jobs as Surgeon General of the Coast Guard and Deputy Director of CDC, as well as other clinical, research, and leadership billets.

- The VA has requested that PHS officers be assigned to fill vacancies in its hospitals and clinics. A Memorandum of Agreement between the VA and the Department of Health and Human Services will eventually lead to such. A large reduction in Commissioned Corps strength would eliminate that possibility. We believe that having veterans (PHS officers are veterans) serving veterans is entirely appropriate.

- USPHS officers have deployed hundreds of times in the past few years for disasters ranging from Hurricane Katrina to mass shootings to the unaccompanied kids at the border with Mexico. Almost 900 USPHS officers have deployed to Iraq and Afghanistan with U.S. military forces. Reducing the size of the Commissioned Corps by nearly forty percent would hurt the ability of the USPHS to respond quickly and strongly when disasters strike our country again, as inevitably they will.

We have prepared a Fact Sheet which we will use as we go to Capitol Hill to defend the Commissioned Corps. The Fact Sheet can be found on the COA website at http://www.coausphs.org/media/1883/fact-sheet-on-omb-proposals-affecting-the-commissioned-corps-july-2018.pdf.

The OMB proposal is itself filled with proof that whoever wrote it does not understand much about the Commissioned Corps. Part of the proposal would “civilianize officers who do not provide critical public health services or support public health emergencies.” Such language demonstrates a total lack of understanding of who you are. You have an officer’s commission signed by the President. You cannot be “civilianized.” Your billet could theoretically be converted from Commissioned Corps to civilian, and if it were, you would not necessarily be hired for it. But that’s not the same thing. We don’t understand why this civilianization is supposed to be desirable, as Commissioned Corps officers provide flexibility of assignment—including assignment to dangerous areas—that civilian billets don’t allow. While a civilian might volunteer to deploy to a dangerous and undesirable location if their supervisor allowed such, they cannot be forced to do so. They are also paid overtime when they deploy, unlike a Commissioned Corps officer.

To the latter point, I submitted a FOIA request to the Federal Emergency Management Agency (FEMA) last year and asked them about overtime pay for civilians deployed to the sites of the three hurricanes (Harvey, Irma, Maria) that hit us last fall. According to FEMA’s figures, civilians were paid for 2,938,404 hours of overtime during the response to these three storms, at a cost of $124,284,106.70. Overtime was not, of course, paid to the many PHS officers who deployed for these same events.

We emphasize that this is only one proposal in a much larger White House document that is filled with ideas to change the government. Many of these ideas will never go anywhere, and we want to push the Commissioned Corps proposal into that category. I emphasize that everything in the document is only proposals, and no legislation has been introduced to put these into law. No Commissioned Corps officer should panic and believe that their job is going away any time soon.

We do believe the idea of a Commissioned Corps reserve is a good one. COA has suggested such in the past. We would have to see the details to know whether this is something we could support.

The third pillar of this OMB document is a proposal to “more appropriately allocate the cost of Corps officers to ensure each agency pays its fair share for Corps officers moving forward.” What this means is that the law would be changed so that retired pay for a Corps officer would be paid by whichever agency employed that officer during their career. The way it works now—and the way it works for the other uniformed services—is that actuary determines the amount of retired pay that is needed for a given fiscal year (for FY ’19 the number for USPHS retirees is $469,246,177), and that amount is appropriated by Congress to the Department of Health and Human Services (HHS). This is a straight-forward way of addressing the amount of retired pay for members of the Corps.

The changes suggested in the OMB document would needlessly complicate the system without saving any money for the federal government. For example, suppose you have an officer who serves their first five years in the Federal Bureau of Prisons, their next ten years with the Coast Guard, and their last five years at the Indian Health Service, for a total of twenty years of federal service. How do you decide how much of this officer’s retired pay will be borne by each of three departments in which they served? The answer to this question demonstrates why the proposal would not be a “management improvement,” as retirement costs would be exactly the same, regardless of which account it was paid from. The new Blended Retirement System, with its ever-varying levels of matching funds, would make this proposal even harder to implement. This proposal only serves to make Commissioned Corps officers appear to be more expensive than at present. It appears to us at COA that this is simply another not-so-well-thought-out attack on the Corps. We will urge complete rejection of this idea if it ever comes before Congress.

The OMB proposal ends with the platitudinous statement that, “Under this proposal, the Corps would deliver on its mission in a more efficient and effective manner and spend taxpayer dollars more effectively.” This is total malarkey and is grossly insulting to members of the Commissioned Corps. It implies that you are wasting government funds by working in your current jobs, and that you could easily be replaced by civilians who would do your job equally well—or even better—for less money. We have seen no evidence that this is true.

Such a claim also ignores the deployments you undertake and the twelve-to-fourteen hour days you work while deployed. The final sentence in this proposal states that, “At the end of this transformation, the Corps would be leaner and have an improved ability to provide public health services and respond to public health emergencies.” Such a statement is so ludicrous as to require no analysis, as it falls of its own weight. No one with a lick of understanding of how organizations accomplish their missions would ever suggest that the Army, to choose a service I know something about, could fight our country’s wars better and more successfully if its strength were reduced by thirty-eight percent. The generals in the Pentagon and the members of the Congressional armed services committees would laugh their heads off if this were proposed for the Army. Yet, somehow, such a ridiculous statement slipped through the editorial process at OMB and found its way into this document.

We have begun our outreach to Capitol Hill. As we said in our message to COA members back in June, rest assured that we have your back.
We thank everyone who donated in memory of RADM Jerrold M. Michael. Those funds will support the continuing education of junior officers.

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We welcome new members of COA, July 1 to July 31, 2018

- LT Madison Adams • LCDR Adeola Adeyeeye
- LT Therese Assman • LT Cameron Baker
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A USPHS Officer’s Perspective on a Course of Study at the United States Naval War College

LCDR Alexander Varga

I had first heard of the US Naval War College (USNWC) through a fellow PHS officer’s CV. It stood out as quite the accomplishment, and I decided to research it further. As the USPHS is a sea service, officers of the USPHS are eligible to enroll and complete their diploma/JPME I (joint professional military education) program there. As a pharmacist in rural New Mexico, I was thankful that all three courses that made up the diploma program were both free and completely online.

The first course I took was called Strategy and War (S&W). The course looked to develop a sense of strategy via the history of war, and we studied the seminal texts On War by Carl Von Clausewitz as well as The Art of War by Sun Tzu. What I quickly learned was that the lessons from both texts could be applied to everyday situations, not just to those on the battlefield. We then went on to study the American Revolution, the Russo-Japanese War of 1905, and the Pacific theater of World War II. I delighted in poring over each text and drawing analogies with the pure strategy texts I mentioned earlier. Lengthy academic papers were expected at the end of each unit, but the assignments were very straight-forward, and I found it challenging to whip my brain back into shape to finish them. Overall, I enjoyed the history lessons in this course.

After a small break, I engaged the second course: Joint Maritime Operations (JMO). To say the least, it was completely different from my previous class. I was not at all prepared for the level of detail that the course demanded, and of all three courses, this was the one with which I struggled the most. The capstone for the class was a group project in which we had to construct an OPORD (operational order) for a fictional scenario of the US aiding a friendly nation in Southeast Asia being attacked by a violent neighbor. We had to take stock of all the military assets available and desired, the joint operational area, the rules of engagement, and the 5 D’s (deploy, defer, defend, dominate, develop, and depart) of our plan. It was a massive undertaking, and each week a new piece of the puzzle would unfold and we’d be forced to tweak our plans based on the new events. It kept us on our toes and in constant communication with our fellow group members.

The final course was called Theater Security Decision Making (TSDM). We analyzed leadership theories, ethics, geopolitical regional awareness, and various security threats. I found this course to be the most beneficial to my everyday practice and my career because the course offered topical, complex scenarios with no right answers and asked us to make informed decisions based on the limited data we had. These decisions were based on a process known as ADIA-- assess, decide, implement, and assure-- and this process can be used when making any sort of informed decision. The process required critical thinking and the use of a SWOT analysis (strengths, weaknesses, opportunities, and threats); I found this process to be useful not only for my class exercises, but also for difficult decisions that need to be made on a daily basis in my professional career.

After two years of classes, I had the wonderful opportunity to attend the graduation ceremonies in Newport, RI, on 15 June 2018. The USNWC campus there is beautiful, consisting of an island surrounded by the Narrangansett Bay. To my surprise, the guest speaker who delivered the commencement speech was Secretary of Defense James Mattis. It was truly an honor to hear him speak, and his words were both thought-provoking and entertaining. I would recommend this course of study to any USPHS officer who is looking for an academic challenge and the opportunity to exchange ideas with our sister services.

References: