National Capital RIST Support of the Independence Day Celebration

The 2018 National Independence Day Celebration took place at the Washington Mall on July 4, 2018. The all-day event in the nation's capital commenced with a parade down Constitution Avenue and concluded with a spectacular fireworks show over the Washington Monument. In support of the United States Park Police and the National Park Service, the U.S. Department of Health and Human Services (HHS) and Assistant Secretary for Preparedness and Response (ASPR) deployed United States Public Health Services (USPHS) commissioned corps officers from the Regional Incident Support Team - National Capital Region (RIST-NCR) to provide incident response coordination support for the event.

Two days prior to the event, RIST-NCR officers reported to the Hubert H. Humphrey building to begin preparations. The officers met with counterparts from ASPR to form the Incident Response Coordination Team (IRCT), which coordinated all deployed ESF-8 resources and included HHS full-time staff, ASPR's National Disaster Medical System intermittent staff, and USPHS officers. RIST-NCR deployed eleven officers who made up over twenty-five percent of the ICRT.

In planning for the event, five medical aid stations were dispersed on the National Mall, and a temporary station was set up at the end of the parade. Each medical aid station consisted of basic life support provided by volunteers and local partners, as well as advanced life support provided by federal partners serving as Health and Medical Task Force teams. The IRCT coordinated support for the task force teams and held additional teams in reserve as an operational asset. Additionally, the IRCT provided coordination support for a National Veterinary Response Team from the National Disaster Medical System to support the twenty canine and twenty-five equine law enforcement teams at the event.
Legislative Update
TRICARE Retirees, Families: Listen Up

by Judy Rensberger

For all PHS retirees and their families, some important changes to TRICARE will become effective on 1 January 2019. To maintain dental coverage, and to obtain vision coverage, retirees and family members must sign up during the 29-day period known as open season. Enrollment is not automatic. Open enrollment begins 12 November and ends 10 December.

The Defense Health Agency (DHA), which runs TRICARE, has been trying for months to alert potentially-affected Tricare beneficiaries to the upcoming changes. There have been mass mailings, meetings with advocates, press releases, articles developed for associations’ own publications, and regularly updated posts on www.Tricare.mil. That may sound like overkill, but it isn’t. When DHA tried to send reminder postcards to all TRICARE beneficiaries, over 200,000 were returned as undeliverable. The reason, apparently, was that the DEERS system lacked current information on these beneficiaries. It’s a good idea to doublecheck and make certain that the information DEERS has about you is up-to-date.

Open Season
As it happens, the first day of Open Season is Veterans’ Day, a federal holiday. As of this writing, my understanding is that enrollment will nevertheless be possible on that day. In any event, it is a good idea to begin researching your options and making decisions as soon as possible. At a meeting with advocates on 20 September, DHA officials and the OPM representative made clear that earlier is better; don’t wait until the last minute. Website use is likely to spike dramatically as the deadline of 10 December nears.

Dental Coverage
For PHS retirees, the most important thing to keep in mind is that your coverage under the old TRICARE Retiree Dental Program (TRDP) ceases to exist on that date. You will not be automatically enrolled in any replacement dental plan. Therefore, you must take action and enroll in one of the new dental plans offered by the Federal Employees Dental and Vision Insurance Program (FEDVIP). There are several options for dental coverage; some plans are regional; others are national.

What about premiums? Information on premiums is not available as of this writing; it is scheduled for release on 26 September. Cost are not expected to increase by much, if at all.

Vision Coverage
FEDVIP is offering new vision coverage to retired uniformed services personnel.
Relaunching a USPHS Reserve Component

by John McElligott

At the USPHS Scientific and Training Symposium in Dallas, ADM Brett Giroir stated, “Although our force structure is undergoing assessment, there is absolutely no answer that I can imagine that does not include reestablishment of the Reserve Corps. We need the Reserve Corps.”

COA agrees and continues to push for the creation of a real version of a USPHS reserve component.

HHS, supported by COA engagement on Capitol Hill, is urging Congress to adopt language which would amend title 42 of U.S. Code Section 204(a)(1). The underscored language to be added includes: “There shall be in the Service a commissioned Regular Corps and a Reserve Corps with a Ready Reserve component for service in time of national emergency, to assist in ensuring the ability of the PHS Commissioned Corps to be prepared for, and to respond to, pandemics or other hazards.”

The Corps now has a Senate-confirmed Surgeon General and Assistant Secretary for Health who are willing to push for changes. The Trump Administration and Republican-led Congress are open to amending the Affordable Care Act (ACA).

Passed in 2010, the ACA established today’s Ready Reserve. The law eliminated a reference to “Reserve Corps” and did not amend titles 42, 38, 37, or 10 to refer to the Ready Reserve. Therefore, the HHS Office of General Counsel determined references to the former Reserve Corps could not apply to the new Ready Reserve. That legal interpretation means authorities for leave, promotion, and pay do not apply to members of the Ready Reserve. Essentially, HHS is hamstrung in using the Ready Reserve as a real reserve component like the way the Army uses the Army National Guard or Army Reserve.

COA has been lining up supporters in the House of Representatives. We’ve confirmed several Democrats and Republicans willing to cosponsor a no-cost bill to authorize the creation of a Reserve Corps. Our strategy is to, first, secure a House bill and then get companion language introduced in the Senate.

The only potential opposition from Capitol Hill may come from the fact that the OMB reform plan, titled Delivering Government Solutions in the 21st Century, includes this proposal as one of three ideas focused on the USPHS Commissioned Corps. COA is opposed to the other two proposals, which include a potential reduction in force to 4000 officers and shifting retirement costs to the agencies which employ officers.

HHS would use a future Reserve Corps in much the same way as proposed by OMB. Namely, reserve officers would “deploy either in a public health emergency or to backfill critical positions left vacant during Regular Corps deployments.” (Source: Delivering Government Solutions in the 21st Century, page 82). HHS has confirmed to COA that there are no plans to use a Reserve Corps as justification to downsize the Regular Corps. We would oppose any such effort.

COA believes many agencies, especially the Indian Health Service and Bureau of Prisons, could benefit from having reserve officers in its ranks. Too often, Regular Corps officers serving in clinical billets for underserved populations have difficulty taking annual leave or deploying for health emergencies. We know facilities and supervisors are in a pickle. They are understaffed and believe they cannot afford to lose a Regular Corps officer who cares for patients and provides crucial management skills. However, such practices prevent officers from earning valuable deployment experience. Also, the Commissioned Corps cannot draw upon the whole range of expertise in the service. It’s like the Commissioned Corps responds with one hand tied behind its back.

The authorization bill is just the first step. Funding would be needed to operationalize the idea. To that end, ADM Giroir has said, “This may seem like a small win, but it really is a key one to our future. I have formally requested $17.1 million in the Fiscal Year 2020 budget to support the ramp up of a Reserve Corps initially to 1250 officers and I intend to double that request to $34.2 million in Fiscal Year 2021 to support a Reserve Corps of 2500.”

COA applauds the efforts by ADM Giroir and VADM Jerome Adams to reestablish a real USPHS reserve component. We strongly believe having a USPHS Reserve Corps is a capability the country needs. We look forward to remaining actively engaged with Members and staff of the House and Senate to secure its passage.
One of the primary missions of the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) is that of providing opportunities for building and supporting public health programs. Until this year, COF’s financial resources only permitted us to support the USPHS Scientific & Training Symposium and other training activities for U.S. Public Health Service Commissioned Officers. With the very generous donation from CAPT Barclay-Giel’s estate, COF can now build upon its mission and partner with community-based public health organizations that are providing critical public health leadership.

Over 300 community-based public health organizations applied for the first Barclay-Giel seed grants. Seventy-five reviewers, mostly U.S. Public Health Service Commissioned Officers, were randomly assigned three applications to evaluate and score. Based upon these reviews, COF decided to award $5,000 grants to the following twenty community-based public health organizations who will conduct a vast array of public health activities:

- Baystate High Street Health Center, Springfield, MA: Food Pantry
- Cape Girardeau County Public Health Center, Cape Girardeau, MO: Dental Health
- CareNet Counseling East, Greenville, NC: Mental Health
- Colorado Coalition for the Homeless, Denver, CO: Back-to-School Health Kids Fair
- Connecticut Association of School Based Health Centers, North Haven, CT: Training for Staff
- Eastern Iowa Health Center, Cedar Rapids, IA: Patient Unmet Needs Program
- ECDC African Community Center of Denver, Denver, CO: Home Visits with Refugee Women
- Fargo Cass Public Health, Fargo, ND: Syringe Exchange Program
- Health Resources in Action, Boston, MA: Racial and Health Equity for Asthma Prevention
- Ledge Light Health District, New London, CT: Awareness of Opioid use Disorder and Overdose
- Life Changers Counseling and Life Coaching, Scottsdale, AZ: Mental Health and Family Counseling
- Mercy Health Foundation, Toledo, OH: Stop the Bleed Program
- Naugatuck High School, Naugatuck, CT: Mental Health
- North Dakota Head Start, Fargo, ND: Early Childhood Education Conference
- Open Aid Alliance, Missoula, MT: Mobile Health Unit
- Planned Parenthood of Southern New England, Providence, RI: Healthy Neighborhood Initiative Canvassers
- Pomperaug Health District Medical Reserve Corps, Southbury, CT: Data Collection for Opioid Awareness
- Quaboag Hills Community Coalition, Ware, MA: Opioid Overdose Education and Interventions
- Special Kids, Special Care, Parker, CO: Training Providers for Mental Health of Fragile Babies and Families
- Valley County Health Department, Glasgow, MT: Oral Health

Congratulations to these public health organizations.

Many thanks to the seventy-five reviewers for their time in support of the 2018 Barclay-Giel seed grant program. In particular, I want to personally thank Commander Mark F. Miller, National Institutes of Health, for his technical guidance that assured the 300 grant applications were distributed equally among the seventy-five reviewers. In addition, his efforts helped ensure that the grants were awarded without any bias and awarded to the most deserving applicants.

In 2019 COF will award additional Barclay-Giel seed grants. People attending the 2019 USPHS Scientific & Training Symposium at the Minneapolis Convention Center, May 6-9, will have the opportunity to volunteer to be seed grant reviewers. Please consider volunteering so that COF can continue its support of community-based public health organizations.

“For he who has health has hope; and he who has hope, has everything.”

– Owen Arthur

“If you want to lift yourself up, lift up someone else.”

– Booker T. Washington
by COA Staff

A few PHS officers have taken advantage of the opportunity. Many more have no idea it is available to them.

As LCDR Alexander Varga wrote in the September issue of Frontline, “As the USPHS is a sea service, officers of the USPHS are eligible to enroll and complete their diploma/JPME (joint professional military education) program there.”

Studies there are not traditional courses in public health – far from it, in fact. The popular Fleet Seminar Program, which LCDR Varga completed, consists of three core courses, titled Joint Maritime Operations, Strategy and War, and Theater Security and Decision Making. USPHS officers at the O-4 and above level are eligible to enroll. Courses are offered at various locations and meet once a week for three hours for 34 weeks. After completing the program, you will earn JPME Phase I credit and a diploma. Any students continuing to the graduate degree program must complete electives and then earn a Master of Arts in Defense and Strategic Studies.

Finish any program at the Naval War College and you’ll stand out from your peers in the Public Health Service.

For more information, visit https://usnwc.edu.
In 1710 a philosopher named George Berkeley posed the question, “If a tree falls in the wood, does it make a sound?” Though you have no doubt heard this query, the argument is meant to convey the scientific fact that humans or animals would have to actually hear the tree falling for the occurrence to be real.

During this spring’s symposium, ADM Giroir put up a slide about PHS deployments. Having just come out of the 2017 Hurricane response, I was surprised that there wasn’t one mention of the officers who worked on the front lines of Hurricane Harvey, Irma, or Maria.

CDC alone had over 700 people working on the 2017 Hurricane response, with Commissioned Officers taking the lead as Incident manager and over nearly every task force in the Emergency Operations Center. But, in googling the names of each of these hurricanes, I can’t find any mention of the efforts of our service. In fact, the only mention of the Public Health Service was on an HHS blog. As Joint Information Center lead, I sat on countless daily FEMA ESF-15 calls and heard that DoD, American Red Cross, FEMA, and many other organizations were embedding media into the response. Though I did manage to send a camera man down to Puerto Rico, we got him for only two weeks, and by then media attention had been drawn somewhere else. Things haven’t gotten much better this year. Hurricane Florence has come and gone. CDC has thirty-six people in the field, thirty-two of whom are PHS officers, but no one knows that they were there.

Hiding is a good thing sometimes, like when you are Harry Potter sneaking around Hogwarts under an invisibility cloak, but, it doesn’t help our service.

There are five strategic goals in the 2015-2019 COA strategic plan. Number two in our plan is increasing recognition and understanding of Commissioned Corps role in advancing public health. In the last month, COA has reached out to the Surgeon General’s office, offering any support we can give in promoting the work of our officers; COA has been amplifying the social media messages of DCCPR; Jim, John, and Judy have worked to create a roster of number of officers per State so they can more closely target their communications on the Hill; and Jim has been working hard to add PHS and NOAA to a Native American Veteran’s Memorial. Outside of COA, I am happy to report that HHS had accepted the offer from media to embed with deployers in the field.

Going back to Berkeley’s question, I ask you, “If a PHS Officer conducts an environmental health assessment and no one is around to see it, did it happen?” I would argue that up to now, the answer would be “no.” But, I promise you, we are changing that.
American Airlines
by Col. Jim Currie, USA (ret.)
Executive Director

There are several organizations about which we here at COA receive constant complaints: Lowe’s, USO, the National Park Service, and American Airlines. As you can readily see if you go to the COA website and look at the letters we have sent to them on your behalf (found at http://www.coausphs.org/advocacy/letters-and-news-media/), we make every effort to persuade them to treat you as we believe you deserve to be treated. The organizations mentioned above are simply the most egregious in demonstrating their disrespect for you as officers of the US Public Health Service.

Just this morning (25 September) I received an email from a member who had recently deployed to assist the flood relief efforts in South Carolina and North Carolina. The way she and other officers in their PHS uniforms were treated by American Airlines (AA) personnel really made me mad. We had written four letters to AA previously, but this episode generated another one from COA. In addition, we filed a complaint with the Federal Aviation Administration (FAA).

Our 25 September letter to the AA President and CEO, one Douglas Parker, is found on the COA website at http://www.coausphs.org/media/1946/letter-to-american-airlines-september-2018.pdf In my letter to Mr. Parker I mentioned that I had written him exactly a year ago and had not received the courtesy of a reply. I also suggested that I did not want to hear from some powerless PR flack. I think you will see from the tone of my letter that I was strong in my language while remaining civil. I then thought about what else we might do on this issue and decided to file a formal complaint with the Federal Aviation Administration (FAA).

My complaint is also posted to the COA website and can be found at http://www.coausphs.org/media/1947/complaint-to-the-federal-aviation-administration-about-american-airlines-sep-2018.pdf I have no idea, to be honest with you, whether the FAA will decide to do anything about this complaint, but it was an avenue we had not tried before. At the least, it will go to AA, and they will be forced to answer it.

We also reached out to ADM Giroir and VADM Adams, apprised them of the problem with American Airlines, and asked that they consider weighing-in on your behalf.

We’ll let you know if we hear anything from anyone.

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For more information log on to www.coainsurance.com/EAP or call toll-free 1-888-310-1039 today to speak with a representative.
The Aurora Borealis (Anchorage, AK) chapter of COA celebrated the advancement in rank of eight of its members in a ceremony on 16 August 2018. These officers—CAPT Jane Bleuel, CAPT Kara King, CAPT Judith Thompson, CDR Della Cutchins, CDR Jacob Malouf, LCDR Christopher Chong, LCDR Jennifer Harlos, and LCDR Joy Callaway—were promoted at the branch’s third annual promotion ceremony. After the presentation of the colors by the branch color guard, comprised of CDR Shelly Inda, LCDR Darrell Acheson, LCDR Madalene Mandap, and LCDR Katie Jacques, CDR Sherry Hammock and CDR Molly Rutledge sang the national anthem. After posting the colors, CDR Leigh Hubbard welcomed everyone to the ceremony and delivered opening remarks. RADM Pamela Schweitzer, Chief Professional Officer, Pharmacy, was the main speaker at the event. Her remarks focused on her career, her love for Alaska, and her love for what the USPHS does in the State. At the conclusion of her remarks, each officer was promoted individually, with a paragraph being read about their USPHS career. Led by RADM Schweitzer, the promoted officers then recited the oath of office. The evening concluded with singing of the PHS March, led by CDR Sherry Hammock and CDR Molly Rutledge. Light refreshments were shared with over sixty officers, families, and friends.
A major concern for this event was the large number of people in attendance and the extreme heat conditions. Temperatures were forecast to be in the upper 90s, with high humidity. The weather would present a challenge for the anticipated 500,000 attendees, as well as for the several thousand first responders supporting the event. The basic life support providers focused on initial triage for first aid and heat-related illnesses, while the health and medical task force members focused on providing advanced life support in addition to completing preparations should there be a major event or mass casualty incident.

At the IRCT, RIST-NCR officers served in range of roles. One RIST-NCR officer served as the planning section chief coordinating with the IRCT Commander and command staff to develop the incident action plan for the event, which served as the single reference for contingency, safety, and communication information. In the administration and finance section, RIST-NCR officers served as the cost unit leaders responsible for collecting and analyzing all cost data, making cost projections, and recommending cost-savings measures and functioning as the time unit leader responsible for tracking, collecting, and analyzing all volunteer time during the deployment. In the operations section, a RIST-NCR officer served as a group supervisor providing direct support to health and medical task force teams, communicating information and resource needs to the IRCT. Another officer served as the deputy safety officer, periodically checking the well-being of personnel in the field.

In addition to the challenge of standing up and supporting the health and medical task forces, a significant aspect of the event was situational awareness and coordinating activities with federal and local partners. With their local knowledge and established relationships, RIST-NCR officers were relied upon to provide the majority of liaison officers to local command centers. Officers were deployed to the District of Columbia (D.C.) Department of Health and the D.C. Homeland Security and Emergency Management Agency, where the Multi-Agency Command Center and the Unified Medical Command were located. Liaison officers also facilitated situational awareness and coordination with stakeholder partners ranging from the National Park Service, United States Capital Police, and Red Cross, to the Metro Transit Police, the D.C. Fire Department, and the D.C. Department of Health. These officers served a critical role for interagency coordination, tracking potential threats, monitoring vital local infrastructure, coordinating with local hospitals, and tracking patient movement.

The 2018 celebration concluded with no major adverse events or incidents. The IRCT effectively supported the teams in the field, maintained situational awareness across all operational domains, and was poised to respond if a major event or mass casualty incident had occurred. RIST-NCR’s well-trained officers staffing the IRCT served in critical leadership roles, and provided critical connections with local partners, highlighting the important role of PHS officers in the nation’s response framework.
RADM Grim Receives Award

Long-time COA member RADM (ret.) Charles Grim has been given the Impact Award by the National Indian Health Board. RADM (Dr.) Grim served twenty-five years in the Indian Health Service, ending his Commissioned Corps career as its Director.

RADM Grim, a member of the Cherokee Nation, currently serves as Executive Director of Cherokee Nation Health Services.

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New England Branch Honors the Fallen through the Boston Tough Ruck Marathon

We Ruck for Those Who Cannot

by LT Chelsea Coffey and LCDR John Mistler

On April 15, 2013, Boston Tough Ruck Marathon participants rushed to join first responders helping those injured by the horrific act of terror at the Boston Marathon finish line. Each year the Tough Ruck Marathon is held to honor fallen service members and first responders and support military families in times of need. This is the first official event of the Boston Marathon weekend, which is considered an unofficial holiday for the Boston area. On April 14, 2018, the New England Branch of the Commissioned Officers Association (NECOA), along with participants from all seven uniformed services, plus firefighters, EMS, police, and civilians, gathered before dawn to undertake the demanding 26.2-mile Tough Ruck Marathon course. This year’s Tough Ruck Marathon consisted of approximately 1000 participants in several race divisions, all carrying weighted ruck sacks, and many in full battle or operational dress uniform.

NECOA extended its tradition of honor and support by entering a team into the Boston Tough Ruck Marathon for the third year in a row. The team consisted of nine participating members and four supporting members. All NECOA participants (seven officers and two civilians) carried rucks weighing a minimum of twenty pounds, and several officers rucked with packs exceeding fifty pounds! NECOA supporters established an on-course support station where amenities such as water, sports drinks, fruit, and first-aid were offered to all throughout the event. NECOA proudly demonstrated visibility of the Corps by wearing full ODUs or PHS t-shirts. A large US Public Health Service banner was displayed at their support station throughout the race.

The NECOA team was extraordinary! CDR Robyn Coons, LCDR Mark Arena, and LCDR John Mistler all won their respective race divisions. More importantly, the NECOA team helped raise over $614,000 for the families of the fallen and other military families in need. The team exemplified comradery and leadership by encouraging and helping each other and fellow “ruckers” throughout the event. The team consisted of: CDR Robyn Coons, CDR Stacey Degarmo, LCDR John Mistler, LCDR Mark Arena, LCDR Jennifer Lee-Ramos, LCDR Julie Cure, LCDR Dan Quist, LT Chelsea Coffey, LT Seth Einhorn, LTJG Stephanie Poitras, Haley Mistler and Garrett Poitras.
NYMC’s School Of Health Sciences And Practice Takes New Approaches To Health Professionals Science

New York Medical College’s (NYMC) School of Health Sciences and Practice (SHSP) brings health care to life by offering our students hands-on experiential training that complements our exceptional clinical and educational programs to impact and change lives. Upon graduation, this approach translates into public health professionals with the experience and confidence to hit the ground running in their work and careers.

Located on a lush 54-acre campus in Valhalla, N.Y., in Westchester County, our beautiful suburban campus is convenient to New York City, the Hudson Valley, Connecticut and New Jersey, offering a richness of culture and activity, as well as prime access to clinical sites and health care organizations for SHSP’s practical training elements. Since NYMC’s founding in 1860, our school has been committed not only to educational excellence, scholarship and professionalism, but also to diversity, inclusion, humanism and service.

Offering degrees in public health, physical therapy, speech-language pathology, biostatistics and epidemiology, as well as certificates in critical public health areas, SHSP’s focus is on educating and training our graduates so that they can change and improve health and health care in communities – locally, regionally and globally. “Opportunities abound for real-world experience and collaboration in all of our programs, along with the chance to do important research that can lead to real change,” said SHSP Dean Robert W. Amler, M.D., M.B.A.

Virtually all of SHSP’s programs transcend traditional molds by extending the classroom into the community and by teaching in context so that students understand the real-life applications of their education.

SHSP’s master’s program in public health (M.P.H.) offers opportunities for students to engage with real-world public health challenges through practicum and capstone projects. Working with Amy Ansehl, D.N.P., FNP-BC, SHSP’s assistant dean and associate professor of public health practice, students choose a health care site and a project. Working with the organization’s staff and employing the tools learned in the classroom, they complete a project necessary to the organization’s progress.

SHSP, a pioneer in online learning, offers our traditional M.P.H. program (accredited by the Council on Education for Public Health) completely online as well, featuring the same courses, taught by the same faculty, as our on-campus program. Supported by the school’s innovative e-Learning team, our online students love both the challenging coursework and the convenience of online learning.

The Doctor of Public Health (Dr.P.H.) program, built on the reputation and success of our M.P.H. program, uses the extraordinary complexity of the New York metropolitan area to examine the socioeconomic determinants of health and teach the knowledge and skills necessary to comprehend the relationships between policies, regulations, market forces and ethics of health care delivery. Graduates of the Dr.P.H. program have the skills required to oversee the financing and organization of resources; manage and improve delivery and access to health care services; conduct research to examine health care delivery; pinpoint information and data required to support change; and to analyze, develop and execute policy that will improve health care outcomes.

SHSP shares the NYMC campus with the School of Medicine, Graduate School of Basic Medical Sciences and the Touro College of Dental Medicine, offering a lively and engaged health sciences community with vast extracurricular offerings to enhance our students’ education and interests. SHSP students also benefit by state-of-the-art facilities and equipment, an extensive health sciences library as well as access to a breadth and depth of faculty experts.

SHSP’s Admissions and Financial Aid teams are truly engaged in our students’ and our prospective students’ interests and success. We are here to answer questions, provide guidance, connect you to current students and alumni and introduce you to our campus, faculty and staff. We understand your goals and your challenges, and want to help you find the ways and the means to pursue your educational dreams.
CAPT (ret.) George Durgin, a long-time COA member and COF donor, was still on active duty when he reached out to the State of Maryland and asked about the re-design of a license plate for disabled veterans whose vehicles are registered in the State.

According to the Maryland Department of Motor Vehicles (MDVA), CAPT Durgin, then serving as the USPHS Liaison to the Federal Bureau of Prisons, “saw a variety of veteran plates with patriotic designs at Walter Reed National Military Medical Center.” He then contacted the MDVA’s Outreach Program and suggested a new plate design. He provided photos of other State’s plates which served as a baseline for the MDOT MVA’s design of a new Maryland plate for disabled veterans. The plate is now available to eligible veterans, at the MDOT MVA website.

According to the MDVA press release, “The collaboration between the Maryland Department of Veterans Affairs, the Maryland Department of Transportation Motor Vehicle Administration, and Capt. Durgin, is an outstanding example of how one person can make a difference in the way we serve our veteran community,” said Maryland Department of Veterans Affairs Secretary George Owings. “I look forward to seeing the newly issued Disabled Veteran Plates and to creatively finding new ways to honor Maryland’s veterans… We appreciate Capt. Durgin’s recommendation as we continue to look for additional ways to honor our veterans and deliver premier service to all Maryland residents,” said MDOT MVA Administrator Christine Nizer.

Veterans who are determined to be 100 percent disabled, permanent and total, by the United States Department of Veterans Affairs are eligible to apply for the plate at no cost to the veteran. For more information, visit the MDOT MVA’s website at http://www.mva.maryland.gov/vehicles/licenseplates/disabled-license-plate.htm.

COA commends CAPT (ret.) Durgin for his initiative and imagination. His success demonstrates what one determined Commissioned Corps officer can accomplish when they set themselves to the task.

On August 9, 2018, Massachusetts Governor Charlie Baker signed S. 2632, “An act relative to veteran’s benefits, rights, appreciation, validation and enforcement (The Brave Act).” Section 5 acknowledges the Commissioned Officers of the United States Public Health Service (USPHS) and the National Oceanic and Atmospheric Administration (NOAA) as veterans in Massachusetts. This places Massachusetts in line with the Federal recognition of USPHS/NOAA officers as veterans.

Let me share the highlights of how this came to be. The story begins in 2012, when I was teaching in the Massachusetts state university system and applied to purchase “Veteran’s Creditable Service” in the state retirement system. My application was denied because I “did not qualify as a ‘veteran’ in Massachusetts”. This was a total surprise to me! I entered the USPHS as a COSTEP, assigned to Minot, ND, and Eagle Butte, SD. After graduation from nursing school, I served in Tuba City, AZ, until transfer to the USPHS as a COSTEP, assigned to the Department of Transportation Motor Vehicle Administration, and Capt. Durgin, is an outstanding example of how one person can make a difference in the way we serve our veteran community, at Arlington National Cemetery. I went through multiple levels of appeal with the state retirement board, and all were denied, until I was told there was nothing they could do until the law was changed.

I met with my local state representative, Rep. James Miceli, during his evening office hours at our local town hall. One of his staffers, Dave Robertson, helped draft the legislation, including Commissioned Officers of both USPHS and NOAA, to coincide with the Federal recognition of the seven uniformed services as veterans. The bill was filed in January 2015, testimony heard before the Joint Committee on Public Service, and a quick favorable release to the House Ways and Means Committee, also known as the graveyard of bills. We were unable to get the bill released before the end of that two-year legislative cycle. It was then that I was most fortunate to connect with an attorney, Stephen Roche, who had worked closely on Beacon Hill for many years. Using his insights, the bill was refiled in the new legislative session starting January 2017 in both the Massachusetts House and Senate.

There was not one person who opposed this legislation; indeed, most legislators were quick to thank officers for their service. It was revenue-neutral legislation that drew bi-partisan support. I am extremely grateful for the support of the New England COA and national COA, which wrote several letters in support of our efforts. I am delighted to share this positive outcome with you and look forward to a signing ceremony with the governor and a “victory tour” at the state house to thank the legislators.

Mary Aruda, PhD, APRN, at mary.aruda@gmail.com
“The program at NYMC is flexible and works well with my schedule; the course materials and library resources have been valuable—and the staff very helpful and prompt in answering questions and providing assistance.”

Nathan Hamil, M.P.H. Class of 2019
U.S. Public Health Commissioned Officer &
U.S. FDA Drug Information Specialist

Active duty members and civilian employees of the U.S. Public Health Service are eligible to receive a 50 percent discount in tuition per semester. Since its inception in 1860, New York Medical College (NYMC) has been entrenched in the social and environmental determinants of health and disease, with special concern for the disadvantaged, disenfranchised and vulnerable populations.

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Morgan Stanley

COA partners with Mr. Ash Minor, Financial Advisor at Morgan Stanley Wealth Management, to deliver webinars on a range of financial topics. Contact him at ash.minor@ms.com.

Watch videos of the previous talks at http://www.coausphs.org/events/webinars/

COA Leadership

COA is governed by a chair and member-elected Board of Directors consisting of active duty USPHS officers which represent each of the USPHS professional categories, field representatives, and retired officers. The Board of Directors also includes non-voting liaisons.

Officers

Commander Heather Brake, chair; Captain Karen Munoz, chair-elect; Captain Jessica Feda, treasurer; retired Captain Dean Coppola, past chair

Board of Directors

Commander Valarie Wilson, dental; Lieutenant Commander Kristie Purdy, dietitian; Commander Nikhil Thakur, engineer; Commander Danielle Mills, environmental health; Captain David Lau, health services; Captain Paul Jung, medical; Commander Christine Merenda, nurse; Captain Beth Fritsch, pharmacist; Captain Martin Sanders, scientist; Captain Jessica Feda, therapist; Commander Heather Brake, veterinarian; Captain Dana Thomas, field representative; Commander Kelly Valente, field representative; Captain Karen Munoz, field representative; Captain Dean Coppola, retired officer; Rear Admiral Rich Rubendall, retired officer; Rear Admiral Rick Barror, retired officer

Non-Voting Liaisons

Lieutenant Commander Lindsay Hatch, JOAG liaison; Captain Kofi Ansah, MOLC liaison; Commander Steve Morin, SOAG/AAG liaison

Open Seats in 2019

Consider running to fill the following seats which become vacant in 2019. COA will release applications details in early 2019.

- Pharmacist
- Veterinarian
- Retired Officer

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54th USPHS Scientific & Training Symposium

“Better Health Through Better Partnerships”

May 6-9, 2019

@ Minneapolis Convention Center and Hyatt

#USPHS2019

May 6-9

Save the Date!
COA is organized under section 501(c)(6) of the IRS code. It is a non-profit group, but donations to it are not deductible on your federal income taxes, and probably not on your State taxes. So, why did we organize under that section of the IRS Code? Simple: so we can legally lobby on your behalf. COF is organized under a different provision of the IRS Code: Section 501(c)(3). This provision of the code is for non-profit entities of an educational nature, and donations to them are deductible from your income for federal (and generally State) tax purposes.

COA was formally organized more than sixty-seven years ago. Its motto is, “Protecting the interests of the USPHS Commissioned Corps since 1951.” As we understand it, there were informal groups of officers who worked together before 1951 to fight attempts to harm the Corps, but it was more than six decades ago that COA was officially chartered. COA takes very seriously its obligation to represent you in every possible venue. There are only six of us on the staff, and three of us devote almost all of our time to outreach on your behalf. We lobby Congress and the Executive branch; we lobby the news media; and we lobby our fellow veterans groups, for there is strength in numbers.

As just one example of our efforts in the latter category, you can go to the COA website at http://www.coausphs.org/media/1895/letter-from-the-military-coalition-concerning-omb-proposed-cuts-in-the-phs-july-2018.pdf and see the letter that was signed by twenty-six members of The Military Coalition (TMC) protesting the OMB proposal to cut the size of the Commissioned Corps. COA represents about 4400 of the 6500 active duty Corps officers, plus about 1500 retired officers. That strength of just under 6000 compares with the 5.5 million individuals represented by the organizations in TMC. I’m sure you can see instantly why a letter from TMC carries great weight on Capitol Hill. The fact is, the folks on Capitol Hill actually reach out to TMC and ask for its take on issues concerning veterans and the armed forces. You all fall into the former category, if not the latter, and we are very active in TMC and its committees.

As you can tell if you go to the COA website and look under Advocacy—which I urge you to do periodically—we are very active on your behalf. You find it at http://www.coausphs.org/advocacy/letters-and-news-media/, and though I haven’t counted them lately, there must be upwards of 150 letters on there, to entities and individuals ranging from the National Park Service to Lowe’s to the Director of the National Museum of the American Indian. There is hardly a week that goes by that I am not writing a letter to someone or reaching out to them by telephone in an effort to advance your interests. Officers sometimes ask me whether it takes a long time to draft these letters, and the truth of the matter is that it all depends. If we have to do a great deal of research before drafting the letter, then it takes longer. If it is an issue we have been studying and on which we have background knowledge, then the process goes more quickly.

Much of what the COA staff does is not reflected on our website. We receive every week requests for information or assistance from our members. As with the letters, sometimes these requests are easily answered. Others require more time. An officer has a problem being reimbursed for expenses incurred in adopting a child. We helped get that straightened out. An officer can’t get reimbursed for a breast milk pump she had purchased. We helped get that done. An officer didn’t know that she needed four years of pay-back time before she could transfer her GI Bill to a spouse or other dependent. PHS officers were not included in the original law, and COA staff worked with members of COA to get the law changed.

When the Defense Department announced a couple of years ago that military servicemembers would receive extended paid maternity leave, COA worked with the Office of the Surgeon General to get that benefit for Commissioned Corps officers. When TRICARE proposed to omit dependent children of PHS officers from certain types of autism therapy, COA fought back and succeeded in changing the proposal.

The Foundation (COF) is a different animal entirely. It was created in 2000 as vehicle to advance public health, primarily through education. COA had been sponsoring a yearly symposium since 1965, but as I mentioned earlier in the column, donations to COA were not tax deductible. Having a 501(c)(3) entity to whom donations were tax deductible made all the difference. Donations come into COF from private sector sponsors, and these donations enable us to keep the Symposium registration cost to a reasonable amount. If you have been to other annual meetings, I’m sure you have paid more and gotten less, especially in terms of food and drink, than when you attend one of the COF Symposia.

As many of you know, COF came into a substantial bequest earlier this year from a member who remembered the Foundation in her will. CAPT (ret.) Martha Barclay Giel completed her career as a PHS officer, eventually retired to Florida, and outlived all of her close relatives. CAPT Giel thought highly of the Foundation, and she gave it significant donations during her lifetime. Her will left a substantial amount of money to COF, and the Foundation is drawing on the income from that bequest to advance the cause of public health.

This year, the Foundation solicited applications for what it called “seed grants.” With fairly minimal advance publicity, COF received over 300 applications and awarded grants of $5000 each to twenty not-for-profit entities across the country. The names of these grants recipients can be found on the COF website at https://www.phscof.org/seed-grants.html The COF plan is to repeat this experience in 2019, again opening the competition to organizations across the country.

The Foundation also has other aspects to its operation. Each year it awards scholarships to dependents of COA members. Information about these dependent scholarships can be found on the COA website at http://www.coausphs.org/about/dependent-scholarship/

The Koop Living Legacy Fund, also part of COF (information at https://www.phscof.org/koop-living-legacy-fund.html ), provides the RADM Jerrold M. Michael Global Health Fellowship for officers who want to study global health at the University of Maryland. The Koop Fund also provides full-registration scholarships to junior
Aurora Borealis Branch COA Supports the Ronald McDonald House

by CDR Donna S Johnson

The Community Outreach Committee of the Aurora Borealis Branch (Anchorage, AK) supports the Ronald McDonald House (RMH) located in the patient housing building on the Alaska Native Medical Center campus. RMH provides free housing for pediatric patients and their families. Expectant mothers with high-risk pregnancies who live in remote locations also stay there while they await the birth of their baby.

In conjunction with the US Surgeon General’s health promotion, PHS officers held three events for guests, promoting low-fat, low-sugar options for summertime cool drinks. Items needed to prepare a six-ounce serving of smoothie or low fat and low sugar options for a rootbeer float were donated by local grocery stores: Fred Meyer, Safeway, Wal-Mart and Costco.

The first event, held in March 2018, had thirty guests who enjoyed nut milk & berry smoothies, along with a Bingo game with prizes donated by the Hospital Auxiliary. Four officers at the event made and served fruit smoothies, while two officers organized and led the Bingo games. The following officers committed time to the event: CAPT Brian Schilling, CDR Velia Turknett, CDR Theresa Castellanos, LCDR Jodi Sides, LCDR Penelope Adams and LCDR Dustin Bergerson. It was very popular activity among the patients, and the RMH volunteer coordinator asked if we could do a similar event in a few months.

The event was repeated in May 2018. Five officers--CDR Darrel Hamel, CDR Sara Hegna, CDR Lisa Townshend-Bulson, LCDR Solveig Johnson and LT Gina Ryan--volunteered up to two hours each: three made and served fruit smoothies and two organized and led ChooseMyPlate.Gov Bingo titled “Healthy Foods & Portions” for approximately twenty RMH guests.

In July 2018, two volunteers--LCDR Jodi Sides and LT Pamela Finch—volunteered two hours to serve sugar-free root beer floats and play ChooseMyPlate.Gov Bingo “Healthy Foods & Portions” with fifteen participants.

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Come march alongside fellow officers in the

2018 New York City Veterans Day Parade

5th Ave, New York City
(From 26th to 52nd Street)

Sunday, November 11, 2018

Register at:
https://www.surveymonkey.com/r/DZJLDF

Uniform will be Service
Dress Blue.

The NYC Veterans Day Parade is the largest Veterans Day event in the U.S. It is a great opportunity to bring visibility to U.S. Public Health Service Commissioned Corps. Please join us by registering at the link above. Send questions to LCDR Rachael Moliver at Rachael.Moliver@fda.hhs.gov.
Donations Received, September 1 to September 30, 2018

**Gold ($500)**
- RADM Clara Cobb, Ret. ^

**Silver ($250)**
- RADM George A. Reich, Ret. ^
- CAPT John R. Sundell, Ret.

**Bronze ($100)**
- CAPT Maria D. Benke ^
- CAPT Mary R. Ingram, Ret. ^
- CAPT Mary R. Ingram, Ret. $
- CAPT Kellie L. Thommes $

**Friends (Under $100)**
- Mrs. Carol Dellapenna
- CAPT George A. Durgin, Jr.
- CAPT John J. Henderson, Ret.
- CDR James L. Kenney, III

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

Visit [phscof.org/giving](http://phscof.org/giving) to donate online today!

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We Welcome New Members of COA, September 1 to September 30, 2018

- LT Kimberly Bissohong
- LCDR Rachel Bodeen
- LT Deshon Charles
- CDR Robert Cox
- Mr. John DiMaggio
- LCDR Ryan Gard
- LT Matthew Haith
- Shannon James
- LCDR James Miller
- CDR Matthew Ritchey
- CDR Tammy Shaddox
- CDR Dawn Williams
- LCDR Jonathan Wortham

EXECUTIVE DIRECTOR from page 16
officer COA members who want to attend the annual USPHS Scientific and Training Symposium.

While the two organizations—COA and COF—share both office space and staff, they are separate organizations with different missions. COA is aggressive as can be in representing you and standing up for you in every public venue. COF promotes education and public health. Both kinds of organizations are needed if we are going to succeed in promoting the interests of Commissioned Corps members and advancing public health.

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**COA Donations**
Commissioned Officers Association of the USPHS Donations Received, September 1 to September 30, 2018
- LCDR Jennifer J. Clements

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Donate to COF by using CFC code 42884
Fourteen Outstanding Minority Officers Honored at the 28th MOLC Awards Ceremony

by LCDR Oliver Ou, LCDR Nancy Tian, LCDR Janet Hayes, and LCDR Melissa Schosswow

The 28th MOLC Awards Ceremony took place during the 2018 COF Scientific and Training Symposium in Dallas, TX, on 5 June 2018. Fourteen outstanding minority officers were recognized for their exceptional dedication and service to the US Public Health Commissioned Corps and its mission.

The Minority Officers Liaison Council (MOLC) was founded in 1990 to serve as a liaison to the Surgeon General representing PHS racial and ethnic minority officer groups. The MOLC provides advice and consultation to the Surgeon General on issues relating to the professional practice and the personnel activities (Commissioned Corps and civil service) relating to minorities in USPHS. The MOLC is comprised of the four Chartered Minority Advisory Groups (CMAGs): American Indian/Alaska Native Commissioned Officers Advisory Committee (AIANCOAC), Asian Pacific American Officers Committee (APAOC), Black Commissioned Officers Advisory Group (BCOAG), and Hispanic Officers Advisory Committee (HOAC).

MOLC Vice Chairs LCDR Janet Hayes and LCDR Melissa Schosswow served as the Masters of Ceremony. LCDR Oliver Ou, 2018 MOLC Chair, opened the ceremony by welcoming more than 120 guests and thanking all the volunteers who have worked so hard to organize this event. Among the guests were many flag officers including RADM Nicholas Makrides, RADM Kevin Meeks, RADM Michael Weahkee, RADM Kelly Taylor, RADM Michael Toedt, and RADM (ret.) Helena Mishoe. Other distinguished guests included COA Executive Director, Col (ret.) James Currie, and the MOLC senior advisor, CAPT Brandon Taylor.

After the presentation of colors by the United States Public Health Service (USPHS) Surgeon General’s Honor Guard, National Anthem by the USPHS Choral Ensemble, and honor song by Comanche Nation tribal artist Anthony Nauni, CDR Malaysia Gresham Harrell gave a heartfelt and impassioned invocation. VADM Jerome Adams, the 20th Surgeon General of the United States, stopped by and addressed all the attendees. He acknowledged that minority officers are leading the way and have made great contributions to the USPHS Commissioned Corps and its mission. He encouraged all minority officers to strive for excellence because “excellence is not an option, it is a requirement for minority officers.” LCDR Nancy Tian, 2018 MOLC Co-Chair, then introduced the keynote speaker for this ceremony, RADM Kevin Meeks. A member of the Chickasaw Nation, RADM Meeks is the Deputy Director of Field Operations for the Indian Health Service (IHS). He shared his experience and dedication of PHS officers in the field.

As a token of appreciation, CAPT Taylor presented to VADM Jerome Adams and RADM Kevin Meeks shadow boxes containing coins from each CMAG. CAPT Taylor also provided very inspiring closing remarks.

This year’s Award Ceremony was a great success. It was a result of many months of tireless efforts of the MOLC Awards Planning Committee led by LCDR Janet Hayes and LCDR Melissa Schosswow, who are AI/ANCOAC representatives to MOLC. The Members of the Planning Committee include CAPT DeLoris Hunter, CAPT Beverly Dandridge, CAPT David Lau, CAPT Brandon Taylor, CAPT Kofi Ansah, CAPT Karen Munoz, CDR Geri Tagliaferri, CDR Maria Fields, CDR Michelle Tsai, CDR Jodi S. Nakai, CDR Lizette Durand, CDR Hamet Toure, LCDR Nancy Tian, LCDR Oliver Ou, LCDR Burt Tamashiro, LCDR Johannes Hutauruk, LCDR Cesar Perez, LCDR Adriana Restrepo, LCDR Darlene Jones, LCDR William Freiberg, LT Fiona Chao, LT Chaolong Qi, LT Daan Chen, LT Theresa Yu, LT Zavera Brandon, LT “Jeff” Peng Zhou, LT Charisse Holiday, LT Charlene Parrish, LT Sara Kernal, LT Jennifer LaMere, LTJG Chiemena Anyanwu, John McElligott, Tim O’Neill, and Patty Blanchard.

American India/Alaskan Native Commissioned Officers Advisory Committee (AI/ANCOAC)

2018 Recipient of the RADM George Blue Spruce Jr. Flag Officer Award: RADM Chris Buchanan

2018 Recipient of the Elizabeth Peratrovich Leadership Award: CDR Cara Nichols

2018 Recipient of the Annie Dodge Wauneka Award: LCDR Janet L. Hayes

2018 Recipient of the Junior Officer Award: LCDR Docia Sampson

Asian Pacific American Officers Committee (APAOC)

2018 Recipient of the RADM Samuel Lin Senior Officer Award: CDR Curi Kim

2018 Recipient of the RADM Kenneth Moritsugu Junior Officer Award: CDR Long Pham

2018 Recipient of the CAPT Allan Lock Service Award: CDR Yoon Kong

Black Commissioned Officer Advisory Group (BCOAG)

2018 Recipient of the RADM George I. Lythcott Award: CDR Felicia Warren

2018 Recipient of the CAPT Hildrus A. Poindexter Award: CDR Rod-Jimil Barrais

2018 Recipient of the Retired PHS Officer Recognition Award: RADM (ret) Helena Mishoe

2018 Recipient of the John C. Eason Responder of the Year Award: LCDR Jibril Abdus-Samad

Hispanic Officers Advisory Committee (HOAC)

2018 Recipient of the Juan Carlos Finlay Significant Achievement Award: LT Carlos Gonzalez-Mercado

2018 Recipient of the VADM Antonia C. Novello Award: LCDR Adriana Restrepo