Who Are You?

The title of this column is not as strange as it might seem. Sure, you know that you are, or were, an officer in the Commissioned Corps of the United States Public Health Service (USPHS), but what does that say about you? How does the world view you? Those are a couple of the questions we will tackle today.

First of all, you are not “The US Public Health Service.” You are a part of it, the uniformed corps of USPHS officers to be exact. The USPHS itself is much larger than just the Commissioned Corps, though we sometimes don’t consider this fact when we discuss who you are.

Some of these entities as subdivisions of the USPHS may surprise you, though I suspect that most of you have heard of most of them. The Centers for Disease Control and Prevention is part of the USPHS, as are the National Institutes of Health and the Food and Drug Administration. Add the Agency for Health Care Policy and Research, see EXECUTIVE DIRECTOR on page 16.

Victory Lap for New England COA

Members of New England COA secured passage of new legislation to recognize USPHS officers as veterans in the Commonwealth of Massachusetts. New England COA worked with Mary Aruda and Stephen Roche to support efforts by State Senator Bruce Tarr, original sponsor of the bill.
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
Congressional Research Service Weighs in re: PHS Commissioned Corps

by Judy Rensberger

In the unfolding story of the future of the PHS Commissioned Corps, there has been an encouraging development. The Congressional Research Service (CRS), an agency of the U.S. Congress, has weighed-in with its own analysis of the Trump administration’s government reform proposals. Those proposals include a plan to downsize the PHS Commissioned Corps by nearly forty percent.

COA staff and Board are cautiously optimistic. That is because CRS is known for the capability of its staff and the authority of its work product. Its main conclusion regarding PHS is that the White House cannot act unilaterally. Congress must approve much, if not most, of what OMB wants to do.

The CRS analysis is dated 25 July but did not surface publicly until 15 October. The full report can be found at https://fas.org/sgp/crs/misc/reform.pdf and recommendations pertaining to the PHS Commissioned Corps can be found on pages 63-64, under “Proposal #18.”

CRS comments on the vagueness and lack of detail in the OMB plan: “Among other matters that are not fleshed out in the proposal are the competing goals of plugging hard-to-fill health workforce gaps and responding to emergencies.” CRS also notes that “sound evidence appears to be lacking to inform policy makers of the relative advantages of uniformed versus civilian federal health workers.”

From COA’s perspective, the CRS analysis buys time, requires thought, and highlights the essential role of Congress in this conversation. We see Congress as a friendlier, more receptive place than OMB. COA Executive Director Jim Currie and Deputy Exec John McElligott met twice with OMB staff, but agency personnel were not very forthcoming about why 1996-era proposals are resurfacing now, without even a cursory dusting off. Nobody has stepped forward to claim ownership. COA does not know if the President himself supports the recommendations regarding the PHS.

Background
In June, the Office of Management and Budget (OMB), an agency of the White House, publicly released its proposals to reform and reorganize government, including the PHS Commissioned Corps. Here’s the link to the full report: https://www.whitehouse.gov/wp-content/uploads/2018/06/Government-Reform-and-Reorg-Plan.pdf

OMB did not suggest doing away with the Corps entirely, as the President’s own
Greater New York USPHS Officers Address E-Cigarette Use at South Huntington U.F. School District Health and Wellness Fair

by Ms. Nicole Cheung and CDR Liatte Closs

The Greater New York City COA (NYCOA) Branch - National Prevention Strategy- Prevention through Active Community Engagement (NPS-PACE) workgroup aims to conduct local outreach and educate the public on the Surgeon General’s priorities, including opioids and addiction and tobacco use. E-cigarettes that deliver aerosols of nicotine and other toxic substances have become prevalent among youth today. A study sponsored by the National Institutes of Health determined that from 2011 to 2015, e-cigarette use has increased by 900 percent among high school students (Johnston, 2018). To put this into perspective, 11 percent of 12th graders and 8.5 percent of 10th graders had vaped nicotine in the past month; of those high school seniors, 24 percent reported vaping on a daily basis. Although not enough research has been conducted on e-cigarettes, the e-liquid that is heated contains additives such as propylene glycol and glycerol that form carcinogenic compounds. They may also contain the compound diacetyl, a commonly used flavoring that causes popcorn lungs due to the scarring and obstruction of the airways (American Lung Association, 2016). Based on a report released by the Office of the Surgeon General, youth are much more vulnerable to the long-term effects of nicotine on brain development (U.S. Department of Health and Human Services, 2016).

This year, the Greater NYCOA NPS-PACE workgroup has decided to target this significant public health concern and has partnered with several schools in New York, New Jersey, and surrounding areas to provide education to students, parents, and school administrators on the ubiquity and dangers of vaping. The first opportunity to participate this year occurred at a local school health fair sponsored by South Huntington U.F. School District. The organization prepared a tabling session at the 10th Annual Health and Wellness Fair at Walt Whitman High School in Huntington, NY, in front of some 500 visitors. Several members of the NPS-PACE workgroup and NYCOA Branch including CDR Liatte Closs, CDR Jerry Zee, LCDR Tunesia Mitchell, and LT Mouhamed Halwani helped prepare for the event by creating a trifold poster for the table, preparing a fact sheet on vaping in both English and Spanish, providing donations for prizes, and printing flyers for distribution at the event.

On 26 March 2018, the event lead, CDR Irina Gaberman, and three other volunteers, CDR Joy Ann Matthias, CDR Karina Aguilar, and pharmacy student Nicole Cheung, set up a tri-fold with information on e-cigarettes and brought e-cigarette models to alert parents on how the small devices are easily disguised as pens. Flyers in various languages were placed on the table on different health topics ranging from vaccinations to mental health, as well as small gifts and heart-healthy cook books. Several local students also volunteered to attract an audience and collaborate with the team to present on these common health issues. Although the impact on one local high school may seem insignificant, we hope to continue to spread awareness on e-cigarettes and the role of USPHS officers, as well as to partner in the future with different organizations that participated at the health fair.

References:
Walking with Annie Dodge Wauneka

by LT Courtney Wood, M. Ed., CCC-SLP

“I will go and do more.” --Annie Dodge Wauneka.

Change often begins with a single step. Annie Dodge Wauneka started her campaign to lead and to help the Navajo community early in her life. She continues to impact the Navajo Nation today, in which her story was a recent chapter house theme in the 26th Annual “Just Move It” national campaign that promotes physical activity for American Indians and Alaska Natives. The drive and leadership that Annie demonstrated in her lifetime continues to encourage her fellow Navajo people to promote their health and their education today through humanitarian projects and participation.

As an influential member of the Navajo Nation, Annie Dodge Wauneka served as a leader from an early age. Born in 1910 into the Honey-Combed Rock Clan (Navajo: Tse níjikíní) to Navajo leader Henry Chee Dodge (Navajo: Hashtin Adíits’a’ií) and his wife, Mary Shirley Begay (Navajo: Kee’hanabah), she enjoyed learning on her father’s ranch until sent to boarding school at age eight. During that first year, in Fort Defiance, AZ, she demonstrated quickly a leadership potential through her strong interest in health and education. It was at that time when Annie assumed an auxiliary role assisting the school nurse as the Spanish Influenza epidemic struck the students and faculty, causing the school to be quarantined. From that first experience, Annie’s interest in promoting public health and education sparked and was kindled for the rest of her life.

Though she had not completed secondary school when she married George Wauneka in 1929 that did not stop her from continuing her academic pursuits later in life in order to advance access to public health and education. After rearing her children, Annie returned to school to earn her Bachelors Degree in Public Health at the University of Arizona. Equipped with significant education and years of experience helping her father as a Navajo leader, Annie confirmed herself as a Navajo leader in her own right, starting with her campaigns to improve the healthcare resources and prevent disease on the reservation. This included creating an English-Navajo medical term dictionary; improving communication between medicine men and physicians; demanding progress for better living standards and sanitation in rural areas; teaching about how alcoholism affects Navajo families; engaging efforts to treat Navajo communities for tuberculosis; coordinating a polio vaccination program with the New Mexico March of Dimes; and reducing infant mortality rates by providing education and resources to new Navajo mothers.

Because of her tireless efforts and demonstrated leadership, the Navajo community first appointed and then re-elected her as Tribal Councilwoman in 1953 and 1954. In 1956, U.S. Surgeon General RADM Leroy Edgar Burney appointed Annie to the Advisory Committee on Indian Health. New Mexico Governor John Burroughs appointed her to the New Mexico Committee on Aging in 1960, and in 1963 President Lyndon B. Johnson awarded her the Presidential Medal of Freedom, which made Annie Dodge Wauneka the first Navajo recipient of the highest civilian award the United States gives.

She did not rest on these laurels. Knowing that many Navajo had no telephones, yet most had radios, she continued her outreach for public health and education to the Navajo people through a radio show hosted on KGAK (1330 AM) in Gallup, NM, during the 1960s. In the 1970s, as the appointed member of the New Mexico Women’s Commission, Annie focused her attention on access to medical treatment, housing, sanitation, and job opportunities for women in the Southwest. By the 1980s, Annie had worked indefatigably to better the health and education for the Navajo people. When Dr. Peterson Zah, the first President of the Navajo Tribe, appointed her as the Health Ambassador for the Navajo Tribe in 1984, he awarded her the Navajo Medal of Honor as well. A special ceremony followed this honor, in which Dr. Zah named her the " Legendary Mother to the Navajo".

Though Annie Dodge Wauneka passed away in 1997, she continues to promote the well-being of the Navajo people today as the Legendary Mother to the Navajo. Through the national “Just Move-It” campaign, her two feet still walk with her people all across the Navajo nation, pushing each citizen to strive for better public health and access to education.

Sources:
This summit had to be one of the best training summits I have attended this year. It was well-organized, overflowing with valuable information, and highly encouraging regarding the future plans for training and readiness before mass injuries and natural disasters. Mandatory training, basic knowledge presentations, and hands-on activities were scheduled. These were very much needed, and every PHS officer should have these skills and knowledge, whether activated for deployment or not. Expectations for the other trainings were uncertain before arriving for the training, but the activities of the summit were easy to navigate and quite productive. This summit would be beneficial for PHS therapists, as well as officers in all categories.

After hearing the goals of Dr. Robert Kadlec, the Assistant Secretary for Preparedness and Response (ASPR), it was clear that adequate, effective, and efficient training, along with consistent collaborations, would be the key to responding when disaster strikes the nation's communities. Saving lives would be the ultimate goal during the initial response, but that's only one main outcome. When helping others, responders must protect themselves to preserve a healthy force. Therapists encounter patients and have direct patient contact for transfers, activities of daily living (ADL), respiration apparatus, hearing devices, as well as, during swallowing, cognitive, and communication interactions. During this summit every PHS officer was required to complete the FIT Test. This is an annual prerequisite for officers before deployment.

The other protection training included all four levels of the personal protective equipment (PPE) station. During this session review, demonstration, and practice of donning and doffing of PPE was accomplished. Knowing who is being treated and what happens to them as they progress through the strata of care is also essential. The Electronic Medical Record (EMR) and the Joint Patient Assessment and Tracking Systems (JPATS) lectures provided some basic knowledge to increase every responder's awareness of these systems.

My roll on Rapid Deployment Team 3 is as a medical records person; therefore, I gravitated to the EMR and JPATS hands-on stations. Learning included system set-up as an administrator, inputting providers, nurses, and pharmacists. This skill allows for set up of appropriate services required to provide adequate healthcare to patients. Tracking how patients are triaged and treated, as well as how medications are ordered and dispensed was another proficiency cultured during the EMR training.

Interventions by physical, occupational, and respiratory therapists are often conducted during deployments, but these services are not well tracked. Accurate updates in the EMR
CDR Heather Brake, COA Board Chair

During the 2014-2015 Ebola response, some residents of West African countries didn’t know what was causing Ebola. As time went on, there were so many rumors and stories about Ebola’s origins that local people would try to stop healthcare professionals from entering their villages for fear that the doctors and nurses were bringing disease, instead of treating it. Until these rumors could be contained, the outbreak spread quickly.

In the Commissioned Corps, we have rumors as well. Though the rumors circulating around the Commissioned Corps may not put lives in danger, they can critically damage the morale of our service members. We at COA don’t have the capacity to do a daily social media scan for rumors about our service, nor do we have the resources to trace them and find their source. However, as Chair of COA, I can make an effort to stop them. In this month’s article, I want to go over the top five rumors we are hearing about the PHS commissioned Corps and will attempt to lay them to rest.

#5: The mission of our service is known the world around:
False: Commissioned Corps officers may know the lines to this song, but if I asked what the actual mission (or vision) of our service is, I think I may get a few moments of hesitation before a sputter of thought. The fact is that the world doesn’t know our mission, much less who we are. Increasing awareness of our service would help bring resources and support to our service. In a recent visit ADM Girioir made to CDC, he acknowledged this and discussed a public relations campaign his office was planning. We at COA will do our part in this effort and will continue to advocate for and spread the word about the Commissioned Corps.

#4: COA and the SG’s office are at odds with one another:
Sometimes: Yes, it is true that the SG’s office and COA/COF sometimes disagree. COA will occasionally publish an article in Frontline or offer a comment to the news media which increases pressure on the SG’s office or draws attention to a policy that isn’t favorable to the Commissioned Corps. And yes, this can cause moments of friction. But, the truth is that both COA and the SG’s office agree on one thing: The importance of our officers and the value they bring to public health.

#3: If I don’t practice medicine anymore or am unable to complete 120 hours of clinical service, I won’t be able to deploy and will lose my job:
False: Many of you saw and asked questions about a policy that was posted this summer on the CCMIS website. The policy outlined deployment roles and among other things required 120 hours of clinical service. It turns out that this particular document was written for officers on a rapid response team and didn’t apply to the entire body of Commission Corps members. At this point, there are no changes to the clinical requirements for our officers. As for deployment roles, the area is still gray. It depends largely on what deployment team you are on and what your primary deployment role is. Mine happens to be Communications. Though I am trained as a veterinarian, I am certain that I will be asked to continue to lead communications at the CDC Emergency Operations Center or some other field office for the next natural disaster, just as I am doing now. I am most unlikely to deploy as a veterinarian.

#2: President Trump is looking to abolish the Corps:
False: Despite what you may have read in the President’s budget this spring, there are no actual plans to abolish the Commissioned Corps. Yes, there is an OMB proposal to reduce the Corps by thirty-eight percent, but it doesn’t seem to be going
AAR from “26”

by CAPT Julie A. Niven

I was fortunate to attend an extremely professional Federal Emergency Management Agency (FEMA) training class in September 2018. It was a full week in Anniston, AL. The FEMA Center for Disaster Preparedness is located within the old Fort McClellan Army post. Army barracks served as trainee housing, and it’s likely the cafeteria is may be the old mess hall. My class totaled thirty-four from across the country.

The course, “Hospital Emergency Response Training for Mass Casualty Incidents,” trained us to manage a mass casualty incident (MCI) involving suspected contaminants. Together, we learned how to set up (and breakdown) a mobile emergency treatment area (ETA) and how to function cohesively as a hospital emergency response team. We rotated through all areas of the ETA from triaging live (role playing) patients as well as moulaged manikins brought in on siren-sounding ambulances and honking POVs.

After the initial triage, we moved the “patients” through the ambulatory and non-ambulatory lanes. The non-ambulatory manikins then proceeded on backboards and rollers to the Cut-Off station where their clothes were literally cut off of them and bagged by a team member. The ambulatory “patients” removed most of their clothing themselves. (The role players wore t-shirts under their clothes that read “I’m Naked” to let us know they had disrobed as instructed). Both ambulatory and non-ambulatory patients were then moved through the decontamination stations.

Team members washed the moulaged manikins on backboards and directed the role players through simulated showers. Next, all patients were moved to the Survey and Monitoring (S & M) station where they were checked with special pH paper and a Geiger counter for missed contaminants. After S & M, the amb and non-amb patients then moved to the treatment area which is located just outside the hospital ED doors. The overarching purpose of the ETA as a hot zone is to protect the hospital itself from suspected contaminants.

By the time patients make it to the treatment area, they are free of contaminants. During our training, all team members inside the ETA hot zone wore PPE level C which consisted of full body coverage and a powered air-purifying respirator. And it was hot! Because of this, team member safety was paramount. That being said, we observed strict work/rest ratios and periodically performed Personnel Accountability Reports (PAR) after we proceeded through our own decon station prior to moving into the rehab tent to rest. The training was intense, but it was a great learning experience. I came back to my service unit with a list of questions I am anxious to ask my Incident Commander how ready we might be at my remote and resource-scarce service unit to manage an MCI. In our PPE, we became numbers rather than names. I was “26” for the week, and this is my After Action Report.
Halloween Fundraiser

by LCDR Neena Mohan

On Friday, October 19, 2018, the Thomas Jefferson Branch (Philadelphia area) of the Commissioned Officers Association held its first annual Halloween veterans fundraiser costume party at the Veterans of Foreign Wars Post 2692 in Mount Holly, NJ. CDR Griff Miller, LCDR Moham, and LTJG Randolph aggressively promoted the party at their duty stations, local colleges, and veterans associations, which led to a great turnout! The event included a DJ and live music by The Zen Torpedoes (with our very own CDR Griff Miller on bass guitar). LCDR Moham had visited dozens of local restaurants, spas, and stores requesting gift card and merchandise freebies for costume prizes and raffles, and received over $600 in donations from these businesses for the fundraiser. Dinner was sponsored by the TJ Branch. The event raised over $800, directly benefiting the Veterans of Foreign Wars. The TJ Branch is proud of the fundraiser’s success, and together with the Mount Holly VFW they are already looking forward to planning next year’s Halloween fundraiser!
Mass Casualty Training in the BOP

by LCDR Brian Buschman

In September, PHS staff from multiple BOP locations in the Northeast region had the opportunity to get together at Federal Correctional Complex (FCC) Allenwood, PA, for a major training in mass causality response specifically geared toward a correctional environment. We were fortunate to have this training led by A. J. Heightman, Editor-In-Chief of the Journal of Emergency Medical Services (JEMS). In addition to training medical staff from six BOP facilities, the training was coordinated with local emergency responders so both groups could learn how best to operate in response to a mass casualty event with the added complexities of managing the security of federal inmates.

During the training, participants had the chance to refresh skills in trauma management, patient packaging, and movement. Participants also had a valuable refresher on mass casualty triage decision making. The exercise culminated with a mock scenario simulating an incident where over forty simulated prison staff and inmates had to be cared for, while maintaining good correctional practices and protecting the community. At the conclusion of the event, all parties--both BOP and community-based resources--had a better understanding of how to manage such an incident.

Photo 1: Officers and staff practice secondary triage and treatment of patients at the outside staging area while awaiting transportation.

Photo 2: PHS officers and staff simulate rescue and initial triage at a mass casualty site inside FCC Allenwood.

Photo 3: Back row - Officer candidate Erin Heap (Hygienist), LCDR Brian Buschman (Medical); Front row - LT Gary (Lee) Wright (Dental), LCDR Stacey Barkausas (Dental), LT Yvon Yeo (Pharmacy), LCDR Jody Bennett-Meehan (HSO), CAPT John Hemphill (HSO)
The Standard We Bear

by RADM Bob Williams, P.E., DEE, USPHS (ret)

RADM Williams was President of the Board of Trustees of the PHS Commissioned Officers Foundation for the Advancement of Public Health from 2014-2016.

Even though we are now retired, there are times when folks come to us for advice and counsel. We are asked questions like, “Who is a leader?”, or “What is a leader?” These simple questions are really quite perplexing, because we see leaders in every facet of life around us. We see leaders in family life, work life, spiritual life – there is no shortage of leaders.

As we know, leaders are those who effect positive change through the actions of those around them. Moms and Dads certainly fit that characteristic as they guide their children to adulthood. Our friends, especially later in life, are constantly effecting changes in us and themselves, hopefully always for the best in us. Supervisors and colleagues are mostly paid to effect change, so, depending on their methods and results, we can frequently see them as leaders. There is no shortage of leaders in our midst.

If there are no shortages of leaders, why do the questions persist? There may be a shortage, however, of leaders who have a good moral compass, who know who they are and where they are going and apply some daily standards to their lives. Especially during the most challenging of times, when it appears that we should be more hopeless than hopeful, we want and need leaders who are courageous and ethical. The Commissioned Corps is fortunate; we adopted Core Values to provide a guide in our service. These Core Values – Leadership, Excellence, Integrity, and Service – are a very good framework for work life and for daily life. Among these values, in particular, integrity is key. It is the single most important determinant in indicating the value of a leader. It should be the single most important determinant in why we respect and follow a particular leader.

We live in times where integrity seems to be redefined by the minute. What is truth today is not truth tomorrow; the honor of being true to your integrity appears to have little meaning as we try to understand the daily barrage of news reports, many of which, sadly, can no longer be described as strictly objective and accurate. Where do we turn, and why should we turn there? Integrity is the key. Integrity is doing what you should do even when no one is watching you. It is saying to yourself that no matter the influences, no matter the instant rewards, this is how I will live my life, and these are the standards that I will hold true. Our integrity is one thing that is ours and ours alone; no one can take it from us; no one can deny our integrity to us.

Now, we can argue that you could choose poorly and have standards that are unethical and immoral. This is not the approach for the reasonably self-assured, rational, common sense individual—and Commissioned Corps Officers are entirely that! Understanding that Corps Officers have integrity goes a long way.
BOP Physical Therapists and Nurses Train on the Management of the Neuropathic Foot

by CAPT Kevin Elker, CDR Douglas Henry, LCDR Clara Stevens, and LCDR Michael Anderson

Bureau of Prisons (BOP) physical therapists and nurses participated in a unique training opportunity at the National Hansen’s Disease Program (NHDP) in Baton Rouge, LA from 7-9 August. Recognizing the need to provide support to the growing wound management mission within the BOP, RADM Michelle Dunwoody, Chief Nurse of the BOP, and CAPT Jean Bradley, Chief Therapist of the BOP, sponsored this training, charging the BOP National Wound Care consultants, CAPT Kevin Elker and CDR Douglas Henry, to arrange for training. They immediately contacted CAPT Figarola, Chief of Rehabilitation and Education Branch at HHS/HRSA/National Hansen’s Disease Programs. The end result was a special session of their Comprehensive Care of the Neuropathic Foot Seminar provided for fifteen BOP wound care specialists representing various disciplines. In attendance were three advanced practice registered nurses, eight registered nurses, and four physical therapists.

The rehabilitation team at the NHDP, led by CAPT Figarola, presented on treatment strategies honed from best evidence practices and years of extensive clinical research and experience in management of the neuropathic foot of Hansen’s disease patients from around the world. This patient population exhibits some of the most unique biomechanical challenges of foot care due to joint collapse and erosion associated with advanced disease processes leading to limb neuropathy. Topics included various off-loading strategies, the biomechanical component of off-loading the foot, clinical management of the neuropathic foot, pedorthist interventions for shoe modifications, total contact casting, managing osteomyelitis, and orthopedic...

see BOP continued on page 12
management of Charcot foot fractures.

In addition to the classroom lessons, the BOP wound care specialists learned and practiced invaluable techniques under the close guidance of CAPT Figarola's team which included CDR (ret.) Denise Brasseaux, PT, C.Ped, CWS and Mr. Dane Hupp, PT, CP. Participants practiced effective techniques such as the use of adhesive foam to off-load problematic high impact regions of the foot, fabrication of custom toe crests, custom toe pillows, and application of instant and easy total-contact casts.

One of the primary focal points of the training was hand's-on application of the total-contact cast and posterior walking splints using the Carville method. This training proved to be a success in team building and increasing the skill sets of every attendee. CAPT Elker and CDR Henry provided additional team-building exercises and training focused on how to translate the techniques learned at the NHDP course to different BOP environments. The training was deemed a success by both the NHDP and the BOP staff with multiple BOP staff members remarking how this was the best training they had received since starting in correctional health care.

The National Hansen's Disease Program (NHDP) is part of the Health Resources and Services Administration (HRSA). NHDP are leading experts in Hansen's disease, also known as leprosy, and are sought out worldwide for their expertise. They have established many of the evidence-based guidelines for the prevention and treatment of the neuropathic ulcers. Many clinicians use the Lower Extremity Amputation Program or LEAP evaluation tools, including the 5.07g Semmes Weinstein monofilament, to assess and manage the insensate foot. These practice habits have become the medical industry standard pioneered by the late Dr. Paul Brand, MD who was one of the NHDP's finest clinicians celebrated in literature.
NIH Commissioned Corps Officers Celebrate 220th Commemoration Day of the USPHS

by CDR Helen H. Cox

The United States Public Health Service (USPHS) traces its history to July 16, 1798, when President John Adams signed “An Act for the Relief of Sick and Disabled Seamen.” The resulting Marine Hospital Fund created under this act provided care for merchant seamen. The Commissioned Corps of the USPHS was later established in 1889 to support the provision of care in the Marine Hospital Service; subsequently, in 1912, the Marine Hospital Service was renamed the Public Health Service. Today, the USPHS Commissioned Corps is comprised of more than 6,500 public health professionals with a mission to protect, promote and advance the health and safety of our Nation.

On July 16, 2018, National Institutes of Health (NIH) Commissioned Corps officers hosted a historic celebration of the 220th USPHS Commemoration Day on the NIH campus. The morning began with the inaugural raising of the USPHS flag in front of Building One. A formal Flag Raising Ceremony was conducted with a formation team and the Surgeon General’s Honor Guard to mark this special occasion, as the USPHS flag will now be permanently flown with the United States flag at this location. CAPT Josef Rivero and CDR Eric Zhou led the NIH Social Subcommittee in the planning and implementation of this event, in collaboration with the NIH Commissioned Corps Liaison Office and numerous officers who volunteered in a variety of capacities.

Following the ceremony, attendees proceeded to Wilson Hall for a program highlighting the history and accomplishments of the USPHS over the years. Dr. Lawrence Tabak, NIH Principal Deputy Director, provided welcome remarks and highlighted NIH’s commitment to priorities of the Office of the Assistant Secretary for Health. Examples included the All of Us Research Program, Pandemic Preparedness Program, and the HEAL (Helping to End Addiction Long-Term) Initiative. RADM Susan Orsega, Chief Nurse Officer for the USPHS and Senior Program Management Officer at NIAID, introduced the keynote speaker, Assistant Secretary for Health ADM Brett P. Giroir. Within his reflections, ADM Giroir shared an overview of the USPHS origins, current initiatives, and future priorities. RADM Richard Childs, Clinical Director of the NHLBI Division of Intramural Research and Acting NIH representative to the Surgeon General’s policy advisory council, spoke on the importance of officers’ roles within NIH. This portion of the event was videocast and is available for viewing here: https://videocast.nih.gov/Summary.asp?Live=28177&bhcp=1

ADM Giroir toured various portions of the NIH campus along with senior NIH Commissioned Corps leadership; this stop acknowledged the contributions of the USPHS and NIH during the West Africa Ebola Response in 2014.

A solemn occasion as the Flag Raising Ceremony began during the 220th Commemoration Day of the USPHS.

The USPHS Flag is now permanently flown in front of Bldg 1. All Photo Credits: Ernie Branson
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The Program Director and faculty for the global health certificate, Dr. Padmini Murthy, M.D. M.P.H., NGO Representative to the United Nations, and chair for the Governing Council International Health Section of the American Public Health Association (APHA), was recently appointed to serve as Chair on The Nation’s Health Advisory Committee, the advisory board of The National’s Health, the APHA newspaper. Dr. Murthy is also the recipient of a grant for “Connecting Ethiopian Women to Innovative Patient Centered Cervical Cancer Care Study: A Pilot Study.”

Ready to apply?

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The National Naval Officers Association (NNOA), DOD & Interagency Opportunity For Partnership and Professional Development

by CAPT Esan O. Simon, MD, MBA, FS, USPHS

Founded in 1972, the National Naval Officers Association (NNOA) is an organization comprised of active duty, reserve, and retired officers, midshipmen, cadets, and interested civilians. Its vision is that of supporting the Sea Services in strengthening a diverse officer corps to enhance operational readiness. The organization seeks to accomplish this vision through supporting the recruiting, professional development and retention of the officers in the Sea Services through a number of venues and functions (http://nnoa.org/mission/).

In addition to local chapter activities, one example of a significant method the NNOA utilizes to execute its mission is the annual leadership, professional development, and training symposium, which was held this year 8-9 Aug 2018 in Portsmouth, VA (http://nnoa.org/2018-2/). With the 46th annual symposium theme of “Embracing Diversity to Strengthen the Sea Services,” the event was filled with a variety of engaging and challenging sessions from such speakers as Chief of Naval Operations Admiral John Richardson, Commandant of the Coast Guard Admiral Karl Schultz, and many other distinguished speakers.

New to the NNOA annual symposium this year, the US Public Health Service Commissioned Corps was included in the agenda, with Deputy Surgeon General RADM Sylvia Trent-Adams participating in a “Commissioned Corps Panel” which was designed to educate the audience on some aspects of the Sea Services not as widely recognized as the Department of Defense and to provide insight on diversity in these services. Additional participants in this panel included the Administrator of the Maritime Administration (MARAD) RADM (Ret) Mark Buzby (https://www.marad.dot.gov/about-us/office-of-the-administrator/key-personnel/administrator/), Deputy Director of the NOAA Office of Marine & Aviation Operations RDML Nancy Hann (https://www.omao.noaa.gov/find/people/nancy-hann) and Assistant Commandant for U.S. Coast Guard Human Resources RADM William Kelly (https://www.uscg.mil/Biographies/Article/1390862/rear-admiral-william-g-kelly/).

With the panel moderated by Commissioned Corps officer, CAPT Esan Simon, panel members informed the audience on various service-specific characteristics and missions and responded to audience questions. RADM Trent-Adams provided an overview of the PHS, some of the accomplishments the Commissioned Corps has made, and the vision for the service. In alignment with the Assistant Secretary of Health’s strategy for raising the visibility of the Commissioned Corps and the Surgeon General’s priority of better health through better partnerships, in response to an audience member’s question, RADM Trent-Adams also advocated for increased collaboration between the PHS and these sister Sea Services.

Through the Speed Mentoring session with General/Flag Officers, leadership lessons from the Chief of Naval Operations, pillars of Commandership by O-6 Marine Corps officers, or any of the other numerous sessions, the NNOA Symposium provided a wealth a professional development and leadership opportunities for the 235 attendees at this valuable event. With the NNOA seeking to include more PHS involvement, PHS Officers are invited to engage in the professional development afforded by the organization.
EXECUTIVE DIRECTOR from page 1

and the Agency for Healthcare Research and Quality, and the Agency for Toxic Substances and Disease Registry, and the Health Resources and Services Administration, and the Indian Health Service, and the Substance Abuse and Mental Health Services Administration, and the Office of the Assistant Secretary for Health, and the Office of the Surgeon General, and you have the USPHS. It's an impressive group of agencies and entities, and you are an important—though small—part of it.

Are you part of the “armed forces”? The answer is assuredly negative, as “armed forces” is a term defined in federal law at 10 US Code section 101. That section of the Code defines “armed forces” as consisting of the Army, Air Force, Navy, Marine Corps, and Coast Guard. No getting around that language. One large problem for those of us at COA who represent you is that the Capitol Hill staffers who draft the bills that Congress considers use the term “armed forces” without thinking for a moment of the USPHS and NOAA commissioned officer corps. That same section of the Code defines “uniformed services” as including the armed forces, plus the USPHS Commissioned Corps and the NOAA Commissioned Corps.

Are you part of the “military”? That’s a little trickier, as the term “military” is not defined in Title 10. I have searched high and low in the US Code, and the only place I have found a definition of “military service” is in Title 5, Section 8331. This part of the Code deals with government employees, and the specific cited section addresses retirement. Here’s what it says:

5 U.S. Code § 8331 - Definitions


For the purpose of this subchapter—

(A) in the armed forces;

(B) in the Regular or Reserve Corps of the Public Health Service after June 30, 1960;

What does this mean and is it applicable to USPHS officers? I don’t really know, but I submit to you that Commissioned Corps officers have been intimately involved in our country’s wars—and therefore part of the military under any reasonable definition—since the war against Spain in 1898.

USPHS officers were assigned to all troop ships during the war with Spain in 1898. They were also assigned to ports in both Cuba and Puerto Rico to prevent the spread of disease to the United States, and some 30,000 returning troops were examined for disease by USPHS officers before they were allowed to re-enter the country.

President Woodrow Wilson’s Executive Order on 3 April 1917 made the USPHS a part of the military forces of the United States during World War I, and USPHS officers were detailed to the Army, Navy, and Coast Guard.

Beginning on 23 December 1941—less than three weeks after the attack on Pearl Harbor—officers of the USPHS serving on Coast Guard ships and with other Coast Guard units were incorporated into the Naval forces of the United States. During World War II, 663 USPHS officers served as part of the Coast Guard, including serving on four cutters that were lost to enemy action. USPHS doctors were assigned to each of the Army’s Service Commands. Fifteen USPHS officers were assigned to the China-Burma-India theater of war. Others supported the Normandy landings on D-Day in 1944; still others were directly involved in the amphibious landings on Japanese-defended islands in the Pacific theater of war, including Iwo Jima, Saipan, and the Philippines.

A USPHS officer served on the G-5 staff at Supreme Headquarters, Allied Expeditionary Force, in Europe with the rank of major general. A PHS officer served on General MacArthur’s staff as an aide-de-camp, while another PHS officer served on the personal staff of Fleet Admiral Chester W. Nimitz.

Five USPHS medical officers serving in the Philippines were taken prisoner by the Japanese, and two of them died in captivity. A total of fourteen USPHS officers died on active duty during WW II, including six who were killed in enemy action. Three USPHS officers were awarded Distinguished Service medals for their wartime service; seven received Purple Heart Medals; ten received Legions of Merit; and nine were awarded Bronze Star Medals.

On 21 June 1945, President Harry S. Truman issued Executive Order 9575, which declared the “Commissioned Corps of the Public Health Service to be a military service and branch of the land and naval forces of the United States during the period of the present war.”

At least 171 USPHS officers served in Vietnam on surgical teams and in groups controlling malaria and infectious diseases.

Almost 900 USPHS officers have served with U.S. Military forces in Iraq and Afghanistan.

The Commissioned Corps of the USPHS frequently works with the Navy on its health diplomacy missions, including the “Pacific Partnership” and “Continuing Promise” missions. They also serve on the Navy’s hospital ships, USNS Mercy and USNS Comfort.

USPHS officers have provided medical care to the Coast Guard for more than 200 years, wearing Coast Guard uniforms and serving on Coast Guard cutters and at shore stations. A USPHS officer serves as Surgeon General of the Coast Guard.

Is this definitive? Absolutely not. But it is suggestive. You all are not generally subject to the Uniform Code of Military Justice, though officers assigned to the Defense Department and the Coast Guard may be subject to it.

What we do know is that you are “veterans,” though there are some private groups who do not want to admit you to membership. Under the provisions of 42 U.S. Code 213d, you are entitled to all rights and privileges of veteran status, including the right to burial in a Veterans Affairs cemetery. That’s about as definitive as it gets. You participate fully in the Memorial Day and Veterans Day events at Arlington National Cemetery and regularly march in veterans’ parades. Your organization, COA, has a permanent seat on the Veterans Day National Committee, which organizes events at Arlington on both Memorial Day and Veterans Day. Your COA board chair sits in their uniform on the Arlington Amphitheater stage on Memorial Day and Veterans Day with such dignitaries as the Chairman of the Joint Chiefs of Staff. They also get their name in the official program for Veterans Day at Arlington.

I drafted this column because we have recently gone through an exercise with American Airlines over its baggage check policy. American extends free baggage check to members of the “military” and then defines “military” as the five armed forces, plus “cadets.” This latter surprised me, as cadets have done nothing to merit such a courtesy.
When I was tasked with organizing the 2018 promotion ceremony for the Tucson Commissioned Officers Association (TCOA) I wasn’t sure what to expect from the experience or where exactly to begin. I assumed refreshments and a large room were in order, but other than that, I had little experience with organizing such an event. Likewise, I had never really contemplated the tradition of the promotion ceremony or the significance of it, other than the obvious recognition of the promotee’s new rank. I can say with assurance that after planning the ceremony over the course of a month, I learned a lot about the logistics of planning an event of this type. Much more importantly, I was able to gain a better understanding of what it means to be honored at a promotion ceremony.

As Air Force Lt. Col Andrew Gale states in his article about the military tradition of promotion ceremonies, “Many people opt to forego a promotion ceremony... These individuals have missed the point, as the event itself is as much about tradition and the attendees as the honoree.” A promotion, and hence a promotion ceremony, is a recognition of the sacrifices we have made, as well as the hard work and discipline that we have displayed. But as the Lt. Colonel says, the event is as much for the attendees as for the promotees. “We heap praise and recognition on the promotee hopefully in such a manner as to inspire the audience to strive for their own goals... and not only to remind junior officers of the price to be paid, but reinforce the idea that these efforts are not in vain.” Finally we have these ceremonies in honor of the families and friends of the promotees to honor their sacrifices and contributions as well, for we know that great deeds are rarely accomplished alone.

I found this article inspirational in my final days preparing for the ceremony, and it was a relief and a source of stress all in one. I had put many hours into the preparations, but now that I had a more complete understanding of the importance of the ceremony I knew that it had to be done right! Luckily, we have some great officers here in Tucson who guided me in the process and volunteered in various ways to share in the work load and planning.

The ceremony was a great success by all accounts. Officers attended from as far away as Phoenix, and we were honored to have RADM Richard Rubendall (ret.) speak and we were pleasantly surprised to have RADM, Robert Harry (ret.) show up to the ceremony unannounced! What a great addition to our celebration to hear the tales of a thirty-year veteran of the Indian Health Service speak about honor, sacrifice, and the respect we carry with us as Commissioned Corps officers. Unfortunately, and largely due to short notice, we only had one of three promotees from the area attend the ceremony. This only seemed to enhance the comradery and intimacy of the event. Our promotee brought her extended family and, with the addition of a handful of unexpected attendees (about double the amount who had initially accepted the invite), it made for a great turnout. We didn’t run out of refreshments, and the tables were just enough to support the crowd with a few extra chairs thrown into the mix.

I’m truly grateful for this experience. Being the Vice President of the TCOA over the past year has expanded my scope of service as an officer and given me ample opportunities to volunteer and promote the visibility of the Commissioned Corps. It has also allowed me to branch out and make new connections and build relationships here at my new service unit.

I’d like to congratulate our promotee and thank her for attending (and providing a USPHS cake) and inspiring everyone in attendance with her truly impressive record of service and sacrifice. Finally, I offer a big shout-out to all our attendees for showing up on a Saturday afternoon in the Sonoran Desert, in 100+ heat, many in SDB’s, to help us honor an officer and a tradition that truly shows the spirit of the USPHS and the Commissioned Corps.
PHS Commissioned Officers Foundation
Donations Received, October 1 to October 31, 2018

Donation Levels
Leadership Society... $10,000
President’s Society... $5,000
Founder’s Society... $2,500
Platinum... $1,000
Gold... $500
Silver... $250
Bronze... $100

We Welcome New Members of COA, October 1 to October 31, 2018
LCDR Kristin Abaonza
CDR Isatu Bah
Ms. Andrea Bunich
LCDR Rudolph Francin
LT Sonya Frazier
Ms. Cristina Guimaraes
LCDR Thomas Hlebasko
LT Ashley Inniss
CDR Lara Misegrades
CDR Carrie Nielsen
Ms. Leslie Siegel
Ms. Katie Thompson
Ms. Mariah Verdin

COA Donations
Commissioned Officers Association of the USPHS Donations Received, October 1 to October 31, 2018
CAPT James C. Myers
CAPT Betty L. Rufus
LCDR Jennifer J. Clements

SUMMIT from page 5
could provide aggregated data about these vital services. Learning
how to discharge patients, document disposition, and generating
reports were included in this training. Tracking patients as they
move around during care was the highlight of JPATS. These tools
are so important for so many reasons, to include knowing types
and quantity of injuries, how many supplies and services are
needed, the need for additional support staff, and the outcomes of
individuals treated.

In conclusion, therapists can benefit from the training at NDMS via
making connections and understanding the roles of others and
how we work collaboratively with other stakeholders (DoD, VA,
DMATS from around the countries, DMORTS, etc.). Therapists
could be an asset during these disasters with safe mobility
of ambulating patients, safe transfers of patients who are not
ambulatory, as well as activities of daily living with patients moving
to and from facilities. Other services in the therapy category which
are frequently underutilized during deployments include respiratory
therapy for patients with premorbid and/or acute respiration
issues, audiologist services who might assist with hearing aid
devices, as well as swallowing, cognitive, and communication
skills deficits, which are evaluated and treated by speech
pathologists and may persist after the community calms. These
skills might go unnoticed during the initial chaos, but they could
affect individuals’ overall health, clinical, and functional outcomes.
Attending training like this could provide therapists with avenues to
advocate for the services they provide at the most optimal times
for patients impacted by disasters.
LEGISLATIVE from page 2

budget proposal had suggested earlier. But OMB did endorse a devastating downsizing. The report’s tone is dismissive of the Corps, and its recommendations are short, unthoughtful, and outdated. It includes old and incorrect assertions left over from a 1996 GAO report.

OMB’s 128-page report is titled Delivering Government Solutions in the 21st Century.” The PHS Commissioned Corps is discussed in fewer than 800 words on pages 81-82. OMB would reduce the Corps from 6,500 officers to 4,000. That translates to an across-the-board cut of 38 percent.

OMB says that Corps officers are more expensive than civilians, that very few of them ever deploy anywhere, and that what they do could be done just as well by less expensive civilians. OMB says its recommendations could be accomplished “through administrative and legislative reforms” and would, in the end, “hold the Corps to a new standard:"

The OMB report does contain one recommendation that COA can support. The agency wants a reserve corps that “can provide additional surge capacity during public health emergencies.” COA likes that provision and has conveyed that message to Congress. But we want to see more details.

COA Mandate

On a practical level, what does the CRS analysis mean? For COA staff, it helps us sharpen our message to Congress. (If one’s job happens to be approaching members of Congress about a matter they’ve given no thought to, then this additional information helps us bring the issue home).

That’s not all. Thanks to some very smart detective work (known as the Zip Code Project) undertaken earlier this year by members of COA’s Legislative Affairs Committee, coupled with a statistical analysis done by Jim Currie, COA staffers know exactly which Congressional Districts would be most affected by the OMB proposals, and how great those impacts would be. This means we can identify and approach the lawmakers who represent those affected districts and therefore have a clear and measurable stake in the outcome.

In short, we’ve been handed a bunch of lemons, but think we can make some decent lemonade.

BOARD from page 6

anywhere, and a recent analysis from the Congressional Research Service concludes that reducing the Corps by that much would require Congressional action. If you talk to the ASH or the SG, you will find that both men are extremely passionate about our service and are looking to build a highly-effective skilled corps of officers who could rapidly deploy whenever there was a need. ADM Giroir has requested a budget for the SG’s office which would not only support training efforts, but also allow for additional support staff in DCCPR and an overhaul of the headquarters computer system. ADMs Giroir and Adams are also pushing for a reserve corps that could support our officers by filling in for them in times of deployment. Though we don’t fully understand the ASH and SG’s vision at this point, they are both eager to increase the awareness, capacity, and mobility of the Commissioned Corps to rapidly respond to the nation’s public health emergencies.

#1: COA membership is not important/doesn’t matter to me:

False: If there was ever an advocate for you as an officer in the PHS CC, it is Jim Currie and his staff at COA. Jim and his staff work long hours visiting leaders on the Hill, writing letters on our behalf to companies such as Lowe’s and American Airlines, increasing awareness of our service, and relaying concerns of our officers to Commissioned Corps leadership. You can find out more about the accomplishments of the COA here: http://www.coausphs.org/advocacy/letters-and-news-media/ No one else looks out for us or fights for us like COA does. It has been serving the needs of the Commissioned Corps since 1951, and it will continue to do so.

Rumors will occur. Though there is little we can do to stop them before they are put out there, we can think of strategies to control them. Please do not hesitate to contact COA if you hear a rumor and want our response to it.

STANDARD from page 10

in determining what the next steps are and why it is important to take action now.

Having core values that provide a strong framework for ethical behavior is essential to the vitality and vigor of a Uniformed Service. You probably don’t go around saying the Core Values to yourself each day, but you do probably live them in your interactions at work, at home, and at play. We find great comfort that in the tumultuous times of today, this Commissioned Corps, of which we are most proud, has the wisdom and courage to apply leadership, service, excellence, and integrity each and every day. Yes, there are many, many distractions and detractors in this world and they are constantly harping on us to change direction, behavior, attitude, and our standards.

This is a time for Commissioned Officers to stand up and be counted. To speak loudly and be most proud of who and what you are. It is the time to hold those core values most tightly and proclaim them most righteously. You are Commissioned Officers in a noble Uniformed Service. Your integrity emboldens your actions. Your actions speak volumes. In fact, all of you must be leaders. In fact, America has the right to expect you to be leaders. After all, you wear the uniform of our country - that is the standard you bear.