shutdown

I am sitting here at home on a Sunday (27 January) revising my column as a result of President Trump and Democrats in Congress agreeing on a short-term (twenty-one day) Continuing Resolution to re-open all parts of the government. As we understand it, the two sides are supposed to negotiate during this three-week period and come to an agreement on border security. Otherwise, says the President, he might force the government to shut down again, or he might use what he terms his “Executive Powers” to build a border wall without Congressional approval. We shall see.

When I was writing the first version of this column back in early January, we didn’t know how many PHS officers were working without pay. We were hearing from some of you that you were not being paid. We didn’t really care whether it was hundreds of you, thousands of you, or one of you who was working

OBC 106 - A Milestone for the Commissioned Officer Training Academy

by CAPT Matthew Weinburke, CDR Eric Zhou, and CAPT Dan Beck

On December 15, 2017, Surgeon General VADM Jerome Adams graduated from the Commissioned Officer Training Academy’s abbreviated Officer Basic Course (OBC) program, with Deputy Surgeon General RADM Sylvia Trent-Adams officiating at the graduation. On the same day, following VADM Adams’ graduation, he officiated at the graduation of the OBC 100 class, which included thirty-nine officers representing seven categories and seven agencies.

On November 16, 2018, RADM Joan Hunter, Director of the Division of Commissioned Corps Personnel and Readiness, officiated at OBC 106’s graduation ceremony in Potomac, MD. This event included twenty-two officers from eight federal agencies.

OBC 106 set a milestone in COTA. Since the OBC Pilot #1 that began on May 13, 2007, all “Call to Active Duty” PHS officers are required to attend this two-week course, which is an orientation to the Department of Health and Human Services (HHS), the Commissioned Corps of the USPHS, and life in the uniformed services. Since OBC also provides training and information on officer competency and career development, uniformed service customs and courtesies, force readiness and deployment, as well as other essential areas, the training has significantly improved officers’ expectations, standards and readiness in PHS careers, especially for those stationed in isolated areas.

As of December 31, 2018, COTA has trained and commissioned 4,185 PHS officers. Among all active PHS officers, about 55% received training at OBC between 2009 and 2018. This remarkable success was only made possible due to the outstanding leadership and contribution of COTA staff, including CAPT Matthew Weinburke (Chief of COTA), LT Drew Hingtgen, LT LaToya Crabbe and LT Tuan Nguyen.

see EXECUTIVE DIRECTOR on page 20
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
Watchdogging TRICARE (Part 2)

by Judy Rensberger

In December’s Frontline, I described efforts to get Humana, the TRICARE contractor for the Eastern U.S., to fix the access and payment issues that bedevil COA members, as well as other uniformed services personnel. But since that initial, no-holds-barred meeting with six Humana executives on 24 October, there has been little discernable improvement. We will redouble our efforts. “We” means the Health Care Committee of The Military Coalition (TMC), of which COA is a longtime active member. This is where things stand as of early February:

Humana

As I write, advocates are preparing for a meeting with representatives of Humana’s subcontractor, Wisconsin Physician Services (WPS). If you live and work in the Eastern U.S., then WPS employees are the people you’re talking with when you call TRICARE for help in straightening out a bill, getting a referral, or accessing an up-to-date provider list. To date, we’ve heard mostly very negative reports about how these requests for help play-out.

Advocates will also bring up these issues during scheduled meetings with congressional staffers who work for the House and Senate Armed Services committees. Thanks to CAPT Kathy Beasley, MOAA, who co-chairs TMC’s Health Care Committee, for scheduling these meetings.

CAPT Paul Jung, who chairs COA’s 60-member Legislative Affairs Committee, has asked two committee members to monitor the situation on behalf of the Committee and COA. For the Eastern U.S. (Humana), that person will be CDR Cara Halldin, who first documented TRICARE problems in her own state and brought them to COA’s attention late last year.

Health Net Federal Services

The TRICARE contractor for the Western U.S. is Health Net Federal Services. So far, the situation with HNFS is not nearly so dire. In my view, this is because HNFS’ leaders appear to be trying hard to anticipate and address potential problems before they escalate and become unmanageable. I have joined other health advocates in two meetings with HNFS leadership, including a sit-down with its chief medical director. As advocates for TRICARE beneficiaries, we found their openness and candor very constructive.

Still, anything TRICARE bears ongoing scrutiny. To that end, CAPT
When former President George H. W. Bush died, the Regional Incident Support Team - National Capital Region (RIST-NCR) was called upon to support his funeral. This National Security Special Event (NSSE) took place in Washington, D.C., Dec. 3-5, 2018. While the state funeral received extensive national media coverage, there was limited exposure of the behind-the-scenes activities of the responders and government agencies that provided support to this event.

The news media provided extensive coverage of the event, beginning with the casket-arrival ceremony at Joint Base Andrews, followed by lying in state in the rotunda of the U.S. Capitol from early evening of December 3 through the morning of December 5, to the funeral service at the National Cathedral and the ceremony at Joint Base Andrews where the former President’s body was returned to Texas, where he was interred. The events within this NSSE were attended by members from the government, national and international dignitaries, family, friends, and the general public.

The United States Secret Service serves as the lead federal agency for coordinating NSSEs, with various federal, state, local, and private sector partners supporting the effort. In coordination with the Secret Service and at the request of the Office of the Attending Physician of U.S. Congress, the U.S. Department of Health and Human Services (HHS) was tasked with the important role of providing health and medical resources and capabilities to support potential medical needs for attendees and visitors during the event.

In addition, HHS was prepared to respond to any significant medical incident that occurred during the event. The HHS Assistant Secretary for Preparedness and Response (ASPR) established an Incident Management Team (IMT) and deployed medical teams and other resources to support the mission. RIST-NCR officers were an integral part of this effort, supporting the IMT in managing medical teams in the field, serving on the IMT’s command staff, and providing an important government coordination element at several emergency operations centers in

by CDR James Cowher, CDR James Kenney, CDR Mellissa Walker
Most COA members probably know that the PHS Commissioned Foundation for the Advancement of Public Health sponsors the annual USPHS Scientific & Training Symposium, supports leadership training of PHS Officers, and funds the COF Dependent Scholarship Program. As I highlighted in my October article, the Foundation has recently expanded its mission portfolio by providing seed grants to local public health organizations – the CAPT Barclay-Giel Seed Grant. But these are not the only activities that the COF Board of Trustees do or support.

On the business end of the PHS Commissioned Foundation, we have four very active committees. I chair the Executive Committee, which monitors the day-to-day functions of the Foundation. The Finance and Audit Committee, chaired by Mr. Michael Terry, makes sure that the Foundation’s finances are keep in order. The Development Committee, chaired by RADM (ret.) Clara Cobb, investigates how we can continue to improve our fund raising activities which will allow the Foundation to expand our support of public health. Last, but not least, the Nominations Committee, chaired by RADM (ret.) Steven Galson, is responsible for recruiting future members of the Foundation Board of Trustees.

We have two mission committees. The Education Committee, chaired by RADM (ret.) Steven Solomon, not only oversees our sponsorship of the USPHS Scientific & Training Symposium, but looks for ways that we can advance public health education. The Studies, Research, and Grants Committee, chaired by RADM (ret.) Richard Barror, is leading the effort to institutionalize our CAPT Barclay-Giel Seed Grant program and evaluate what additional studies and research activities the Foundation might want to sponsor.

We would not be able to accomplish all of these activities without the support of our COA/COF staff. Led by our outstanding Executive Director, Col. (ret.) Jim Currie, and Deputy Executive Director, John McEligott. They have always been there to not only support the efforts of the Foundation but also support the Commissioned Officers Association of the USPHS membership. I cannot sing their phrases enough. Many thanks!

There are is another group of individuals that COF could not do without. They are the officers of the U.S. Public Health Service Commissioned Corps, in particular, those officers who are COA members and donate to the Foundation. Through your generous support we are able to continue to advance public health. Whether you provide an occasional donation or pledge via the Combined Federal Campaign (CFC - code 42884, the PHS Commissioned Officers Foundation for the Advancement of Public Health), your support is greatly appreciated.

As we approach the end of the calendar year, I usually take this time to reflect. It is the time of year when many of us take time out of our busy schedules to enjoy family and be thankful for fortunes. As officers in the only uniformed service specifically charged with protecting public health, we see every day the needs of our fellow men and women. I hope you will continue to excel in your assignments so that we can protect, promote and advance the health and safety of our nation.

I wish you and your families all the best!

“"The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well.”

— Ralph Waldo Emerson

“No one has ever become poor by giving.”

— Anne Frank, diary of Anne Frank: the play
Interview with RADM Denise Hinton, Chief Scientist, FDA

by John McElligott

Rear Admiral (RADM) Denise Hinton, a nurse officer, assumed the role of permanent Chief Scientist of the Food and Drug Administration (FDA) in May of 2018. Prior to joining the Commissioned Corps of the Public Health Service, RADM Hinton had served in the Air Force for over eight years. With her in the Office of the Chief Scientist (OCS) are over 340 employees, approximately 80 of whom are PHS and represent almost all professional categories.

Frontline: Your responsibility as Chief Scientist is to, “lead and coordinate FDA’s cross-cutting scientific and public health efforts.” In your own words, what does that mean?

RADM Hinton: I lead and manage diverse offices within OCS that provide expertise and support for cross-cutting scientific activities and research identified by and/or with FDA leadership.

Frontline: Please describe some of the cross-cutting scientific and public health efforts that you initiate, facilitate, and support on behalf of the FDA.

RADM Hinton: OCS has several offices. Within the Office of Counterterrorism and Emerging Threats, we further the development and availability of medical countermeasures, including the issuance of Emergency Use Authorizations and extensions of expiration dating for stockpiled products.

The Office of Scientific Professional Development manages FDA training events as well as education and fellowship programs. Our experts must remain current with cutting-edge technologies. The monthly webcast of Grand Rounds highlights the broad range of regulatory science research throughout FDA.

The Office of Regulatory Science and Innovation funds and facilitates intramural research that tackles the challenges of novel products based on emerging technologies. We also fund extramural research to solve regulatory science challenges where FDA lacks the in-house resources.

The Office of Minority Health carries out extensive outreach to minority populations through public meetings, symposia, town halls, Twitter chats, and newsletters. We partner with stakeholders in the minority health community to promote participation in clinical trials, hold lecture series, workshops, and listening sessions with key stakeholders.

Frontline: What are some examples of success?

RADM Hinton: OCS is developing the infrastructure to address new areas of science and technology. For example, we now have twelve chartered scientific working groups whose membership comprises experts from across the agency, tackling high-priority areas for FDA like additive manufacturing, modeling and simulation, and toxicology.

The Toxicology Working Group issued FDA’s Predictive Toxicology Roadmap, as part of efforts to reduce the biotech sector’s reliance on animal models. The goal is for FDA research to identify data gaps and to support intramural and extramural research to ensure that the most promising technologies, like organs on a chip, are developed, validated, and integrated into the product pipeline.

This year, we oversaw FDA’s rapid and effective response to the Zika virus outbreak in the Americas and the Ebola virus outbreaks.

see HINTON continued on page 21

Melvin Morris, Medal of Honor recipient, with his niece RADM Hinton.

RADM Hinton with her children Derrick and Dominique.
CDR Heather Brake, COA Board Chair

Dear colleagues,

Like many of you, I am sitting in my office picking up the tasks left behind by my furloughed colleagues. Over half of the center-level communications office I direct is at home. My entire public relations team is gone, my team of four writer/editors have been reduced to one, and my web staff is without leadership, leaving me realizing with each passing day that there are more balls dropping than I knew I had up in the air. Just today I received notice that CDC’s service for answering public inquiries has been unable to correctly answer questions about very serious topics such as possible poisonings and exposure to toxic gases because they can’t escalate the questions to our furloughed agency, Agency for Toxic Substances and Disease Registry (ATSDR).

The frustration extends beyond my office, of course, and is echoed in the halls and meeting rooms of that agency where only a handful of fellow officers and excepted FTE staff are at work, doing their best to keep some of the projects afloat. I am sure similar issues are cropping up at the other furloughed agencies. In addition to the Corps officers who share assignments in ATSDR with me, I am worried about my civil service staff who are living paycheck-to-paycheck and have started filing for unemployment. Not knowing when I will be paid either, I can only offer limited support. I feel frustrated, worried, and frankly, tired.

So, where is the hope in all of this?

As frustrating as things are right now, please know that we have so much support in our agency liaisons, PAC leadership, and in COA – all of whom never stop fighting for us. Over the last month COA conducted a survey of members to understand how we as officers are learning about the changes in policy. We found that a large majority of officers felt that they were not adequately informed of policy changes and that they received very little information from Headquarters. COA sent our survey results up to Commissioned Corps leadership encouraging more communications from them to you. We have also sent up a request to clarify the recent policies, such as the 42 USC 211(g), “Separation from service upon failure of promotion.” And, in a small, but very important victory, our officers can now receive the military discount at Lowe’s.

In the wisdom that comes only from those impromptu hallway conversations, one of my colleagues reminded me this afternoon about how critical we, as officers, are to the public health of this country. Every time we put on the uniform, we are reminded of our role in this country. From the time we were first commissioned, the men and women in our service have been working hard to promote healthy behaviors, prevent illness and injury, investigate disease, and treat the vulnerable populations. Our uniform symbolizes virtues of a professionalism, caring, intelligence, and leadership. And, I know that because you were called to help others just as I was, nothing will get in the way of our purpose… even if it seems hopeless right now.
Scientists Represent the USPHS Commissioned Corps at the American Public Health Association Annual Meeting

by CDR David Huang, LT Dantrell Simmons, CDR Nadra Tyus, and LCDR Jason Wilken, USPHS

The American Public Health Association (APHA) annual meeting is the largest meeting of public health professionals in the United States. The 2018 meeting was held November 10–14 in San Diego, CA, and featured an address by Surgeon General VADM Jerome Adams. The meeting theme was “Creating the Healthiest Nation: For Science. For Action. For Health.” In keeping with this theme, the USPHS Commissioned Corps was well-represented by four Scientist officers who presented their original research, program delivery, and public health investigations at the APHA annual meeting.

CDR David Huang, CDC, served as one of three faculty members for a 3.5-hour Learning Institute titled “Eliminating Health Disparities and Achieving Health Equity: Utilizing Healthy People 2020 Data.” This course provided twenty public health professionals the chance to engage in exercises that comprehensively describe health disparities and equity using data from the “Healthy People” website (https://www.healthypeople.gov/2020/data-search/health-disparities-data), including state-level maps, infographics, and a portable Health Disparities widget. CDR Huang thoroughly enjoyed serving on the faculty for this course and interacting in uniform with public health professionals throughout the conference.

LT Dantrell Simmons, SAMHSA, delivered a poster presentation entitled, “Assessing Electronic Clinical Quality Measures (eCQMs) to Support Outcome Improvement for Diabetes Care with Serious Mental Illness (SMI)” organized by the Health Informatics Information Technology Section. This presentation informed public health professionals on the development of electronic specifications and conducting beta testing of two electronic clinical quality measures that address gaps in quality care for patients with Serious Mental Illness. LT Simmons, who is currently a Public Health Advisor on the Health Information Technology Team at his duty station, interacted with over thirty public health professionals on the integration of Health IT within behavioral healthcare.

CDR Nadra Tyus, HRSA, gave two presentations entitled, “Listening to Health Center Providers: Strategies and Opportunities for Integrating Behavioral Health Services into the Primary Care Setting” and “Emerging Strategies for Integrating Substance Use Disorder Services into Health Center Settings” during poster sessions organized by the Alcohol, Tobacco, and Other Drugs Section. CDR Tyus is currently leading the development of training and technical assistance efforts for HRSA-supported health centers concerning their integrated behavioral health and substance use disorder treatment services. CDR Tyus interacted with over forty professionals during these sessions and truly enjoyed sharing promising practices and strategies for addressing these emerging public health issues.

LCDR Jason Wilken, CDC, delivered see SCIENTISTS continued on page 15
State Legislative News: Georgia

by Judith Rensberger

In Georgia, State legislators have introduced House Bill 7, which says that retirement income received “from military service shall not be subject to state income tax.”

Unsurprisingly, “military” in this instance does not include either the USPHS or NOAA. This is almost always the case with State income tax breaks. Getting this oversight fixed requires a Herculean effort, as many COA branches have learned. Recognizing these realities, RADM Sven Rodenbeck (Ret.) has stepped up to lead a campaign to get the bill amended to include USPHS and NOAA. It will take a sustained effort not only by USPHS retirees who would benefit right away, but also by Georgia-based active duty USPHS officers who want to retire there.

RADM Rodenbeck is President of the Board of Trustees of the Commissioned Officers Foundation. He has reached out to all Georgia retirees in COA’s database. He has provided background information, the text of the bill, a link to a directory of Georgia legislators, and a sample letter. To join the effort, contact him at RADMSven@gmail.com

Active duty officers must remember to use their own computers, cell phones, and personal time; they should never engage in any type of lobbying activity on the job. If you as an active duty officer follow these rules, then it’s fine to communicate with your elected representatives (don’t let anyone tell you otherwise).

LEGISLATIVE from page 2

Jung has asked CDR Billita Williams to monitor HNFS and TRICARE issues in the Western U.S. on behalf of COA and its Legislative Affairs Committee. CDR Williams learned early-on about a handful of emerging TRICARE issues under HNFS and reported this fact to COA. We thank both CDR Halldin and CDR Williams for agreeing to take on a thankless task that is unlikely to end soon.

It is worth noting that the Defense Health Agency is not free of blame. I recently learned that DFA failed to disclose new point-of-purchase rules. As a result, a USPHS Captain found himself wrongly told to pay $3,000 that he does not owe. It has taken months to unsnarl this case, but thanks in part to an assist help from Karen Ruedisueli, NMFA, Co-chair of TMC’s Health Care Committee, we are almost there… I think.
Hurricane Florence hit North Carolina in mid-September of 2018, dropping nearly thirty-six inches of rain on areas of the North Carolina coast and causing widespread flooding and destruction. Numerous North Carolina coastal communities were under mandatory evacuation orders, causing the displacement of many high-risk patients. This prompted the formation of several medical shelters throughout North Carolina (NC), including a state-run medical shelter in Clayton, NC. In anticipation of the damage Hurricane Florence would cause and the need to provide medical care to the displaced high-risk patients, Rapid Deployment Force (RDF) 3 was pre-deployed to work with a Health Medical Task Force (HMTF) at the Clayton medical shelter. During the approximately two week-long deployment, the Clayton medical shelter housed over fifty patients and was staffed by more than ninety PHS Officers from RDF 3, several PHS officers from Tier 3, and the HMTF, which was comprised of members of different Disaster Medical Assistance Teams (DMAT).

When U.S. Public Health Service (USPHS) pharmacists are deployed, normally they are able to set up a pharmacy using the Assistant Secretary for Preparedness and Response (ASPR) pharmacy cache. However, during the Hurricane Florence deployment, we were not provided with the ASPR pharmacy cache. For the first few days of the deployment, the five RDF 3 pharmacists and the one HMTF pharmacist had to work out of two Mobile Lifesaving Kit (MLK) backpacks, which contain only a basic supply of life-saving medications. The RDF 3 pharmacists worked with North Carolina state representatives to procure the North Carolina state pharmacy cache for the Clayton shelter. The pharmacy cache arrived several days after the shelter opened and significantly augmented the limited medication supply available in the MLK backpacks. Unfortunately, the state pharmacy cache still lacked several clinically-important medications that our patients urgently needed.

Dozens of the patients arrived at the Clayton medical shelter with no medications, with a limited supply of medications, or with medications that were not stocked in the MLK backpacks or the North Carolina pharmacy cache. Our team of five pharmacists quickly began researching ways we could obtain clinically-necessary medications for our patients. We discovered that there is a federal program called the Emergency Prescription Assistance Program (EPAP), which helps people from federally-identified disaster areas obtain their medications, medical supplies, and vaccinations at no cost. However, the program is only designed for patients who have no insurance. Nearly all the patients in the Clayton shelter had insurance. Many of our patients who had insurance had recently filled their prescriptions before fleeing the disaster areas and their insurance companies either would not authorize an emergency fill or the patients were living on fixed incomes and could not afford to pay for their co-pays so soon after filling their prescriptions.

We contacted every pharmacy within a few miles radius of the Clayton medical shelter to see which pharmacies were open during and immediately after the storm and which were authorized partners in the Emergency Prescription Assistance Program. Wal-Mart Pharmacy off the NC-42 in Garner, NC, was the only pharmacy to remain open throughout the heavy rains and whipping winds brought by Hurricane Florence. The pharmacists at the Garner Wal-Mart, including Manager Justin Fought, Pharm.D., and Staff Pharmacists Amy Bynum, Pharm.D. and Kristy Gathings, R.Ph., were extraordinary. As soon as we explained what we were doing to help high-risk patients who had been moved to our shelter, the pharmacists wanted to assist us. Dr. Fought knew that many of our patients would be unable to afford their copays, so he contacted Wal-Mart’s Corporate Office and received authorization to zero-out all copays so that the Clayton patients continued on page 15
Lowe’s Comes Around

After two years and ten letters to the Lowe’s CEO and others, plus other letters from retired officer members of COA and numerous phone calls from COA, Lowe’s finally granted the 10 percent “Military Discount” to USPHS (and NOAA) officers. The Lowe’s website has not quite caught up in all aspects, but PHS officers can use the pull-down menu at https://www.lowes.com/mylowes/military-validation to sign-up for the discount.

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NIH Bethesda Central Utility Plant Operators Learn How to Administer Naloxone and Save Lives during the memorial of former President George H. Bush

by CDR Leo Angelo Gumapas and CDR Andrew Yang

CDRs Leo Angelo Gumapas and Andrew Yang had originally planned to conduct a December 5, 2018, training session for twenty-six Bethesda Campus Central Utility Plant (CUP) staff on the opioid epidemic and how to administer naloxone. This was done in response to the U.S. Surgeon General VADM Jerome M. Adams’ advisory to carry naloxone. On December 1, 2018, the federal government declared that December 5, 2018, would be a national day of mourning for former President George H. Bush. This meant that the original intended audience would not be on site.

Despite the federal government’s holiday declaration, essential Tier-1 staff in the Utilities Generation Branch (UGB) were still required to come to work and operate the CUP. The CUP is the heart of the NIH Bethesda Campus and requires 24/7 operations to produce the heating, cooling, humidity control, electrical, mechanical, and plumbing requirements for 11.8 million square feet of biomedical research space.

Fittingly, President Bush is quoted as saying: “Think about every problem, every challenge, we face. The solution to each starts with education.”

To honor the memory of President Bush, CDRs Gumapas and Yang looked to the quotation for inspiration. Because the originally-scheduled class was canceled, they pivoted their attention to the UGB A-Shift Operations crew. Because of the emergency operations, the crew could not leave their stations, so CDRs Gumapas and Yang would have to instruct them on how to use naloxone and the opioid epidemic while they were at their watch stations, as opposed to a typical configuration of presenting in a classroom using a PowerPoint presentation. The two PHS commanders printed out handouts of the slide presentation and gathered the materials for the demonstration. CDRs Yang and Gumapas provided the presentation and hands-on demonstration twice to seven personnel on UGB A-shift to accommodate to the operators’ requirements to stand watch during their operational shift.

see NIH continued on page 12
While conducting the training, a critical piece of equipment needed immediate attention, which meant that boiler operators Bhargav Vadlamudi and Daniel Velazquez needed fifteen minutes to adjust the pressure-reducing valves on the steam augmentation system. Once they completed their task, naloxone training resumed.

CDRs Yang and Gumapas ended up conducting a more modular and intimate version of the naloxone training, which could be used to train employees who are not available to attend scheduled classroom training. The small number of attendees facilitated interactive dialogue and question-and-answer to enhance the training session. Joseph Pajardo, shift electrician, offered an excellent suggestion he learned from the training he received in the U.S. Army: if an overdose victim fell face first and experienced trauma to the maxilla, intranasal administration of naloxone may not be feasible. The training material did not mention how to handle this scenario. Pajardo recommended a technique he learned in the Army: administering naloxone by rectum, another mucus membrane site. CDRs Yang and Gumapas were surprised by the sincere and practical suggestion and promised to share the “Pajardo Technique” with Maryland’s Opioid Overdose Response Program and to further explore the issue. Dr. Romanosky from Maryland’s Opioid Overdose Response program referenced Smith, K’s 2012 study in the International Journal of Clinical Pharmacology and Therapeutics that naloxone’s bioavailability can be reduced to as much as 15%.

Opioids are a class of drugs that include prescription pain relievers, heroin, and synthetic opioids such as fentanyl. Naloxone is an opioid antagonist that is used to temporarily reverse the effects of an opioid overdose and can potentially save a life. More than two million people in the U.S. struggle with an opioid use disorder. Rates of overdose deaths are rapidly increasing, reaching 47,600 in 20173.

According to the Centers for Disease Control and Prevention, our nation is facing an opioid epidemic that has resulted in annual increases in opioid overdose deaths since 2013. CDRs Yang and Gumapas recognized and honored former President George H. Bush during the National Day of Mourning on December 5, 2018 to educate seven employees on the Opioid epidemic and how to administer naloxone.

This event was organized through the Prevention through Active Community Engagement (PACE) program. PACE uses evidenced-based education materials tailored to be inclusive of multiple ages, demographics, and languages to at-risk communities to provide community outreach activities aligned with the initiatives of the Office of the Surgeon General and the Office of the Assistant Secretary for Health. PHS officers who want to participate in future event should join the list serve:

https://list.nih.gov/cgi-bin/wa.exe?SUBED1=nps-pace&A=1

Obituary

Retired CAPT Martin J. (Marty) Nemiroff, USPHS, a physician who served in the Coast Guard, passed away on November 28, 2018.

COA Donations
Commissioned Officers Association of the USPHS Donations Received, December 1, 2018 to January 31, 2019
LCDR Jennifer J. Clements
I was not at all expecting to receive the opportunity that I did. After all, I did just become a PHS Officer, and I was only a Lieutenant. My experience can happen to anyone who is willing to step up and ask “How can I be of service?”

When I completed my officer basic course (OBC) training, I was invigorated and ready to serve the U.S. Public Health Service in any way that I could. My background is not unlike many, with a few twists. I am a nurse with a telemetry and burn step-down clinical background, and I took care of patients in a small safety net community hospital on Chicago’s South Side. In addition to being a nurse, while I was a full-time graduate student I served as a research assistant in a faith-based HIV prevention program among African-American girls and their mothers in the Auburn Gresham neighborhood on Chicago’s South Side. I am passionate about global health and lived in West Africa working on postpartum hemorrhage research as my Masters Capstone project. After graduate school, I was a surveyor of nursing homes in the Chicagoland area. After being a nursing home surveyor I became a federal civil servant at the Centers for Medicare and Medicaid Services. Each of these experiences in their own way prepared me and gave me the confidence to apply and enter the U.S. Public Health Service (PHS) as a nurse officer.

One of the most memorable experiences occurred while preparing the Public Health (PH) brief during my OBC in August 2017. In this course, we were tasked to work in groups and deliver a five minute succinct and convincing briefing. We were instructed to deliver the bottom line up front (BLUF), create a handout. Each member had to speak for at least thirty seconds, discuss their topic based on their PHS category, and be prepared to answer questions and answers from the class audience and Senior Evaluating Officers. It was a daunting challenge, but a wonderful experience. During OBC, I approached then-Commissioned Officer Training Academy (COTA) Chief Commander Joe Morris to inform him that I got so much out of OBC and asked whether I could give back in some way. He let me know that I should keep in touch with him, and he would find something. And that he did.

I kept in touch with CDR Morris, and he informed me that I could assist him by being on the panel for the PH Brief to learn how to become an evaluator. It was a daunting challenge, but a wonderful experience. During OBC, I approached then-Commissioned Officer Training Academy (COTA) Chief Commander Joe Morris to inform him that I got so much out of OBC and asked whether I could give back in some way. He let me know that I should keep in touch with him, and he would find something. And that he did.

I kept in touch with CDR Morris, and he informed me that I could assist him by being on the panel for the PH Brief to learn how to become an evaluator. When I finally got over the shock of a senior officer asking me to serve on the PH evaluation panel with Senior Evaluating Officers evaluating and rating fellow junior officers’ PH Briefs, I was humbled and honored to participate. As a panelist, I assisted with timekeeping and provided each group with ratings and constructive comments on their oral presentation. Additionally the presenters received a rating from their peers. Finally, I compiled the peer and panel ratings to identify the “Best Public Health Service Briefing” presentation, with each member receiving a certificate for their achievement.

It is fun and exciting to witness the creativity and leadership that the new officers brought to their briefings. For each PH Briefing during OBC, I took time away from my duty station in Baltimore to travel to Potomac to serve on the evaluation panel. One of my favorite parts of the experience was joining CDR Morris in presenting the certificate to the best group and providing the class with a small nugget of advice as they prepared to graduate the next day and depart to their duty stations.

Overall, the opportunity that I was given is an example of leading from where you are. The ability to take something with which you are tasked with and not being afraid to use your voice to speak, inspire, and to serve. Even though I am only a Lieutenant and I was on a panel with senior officers, I didn’t allow my rank to keep me from contributing. To my fellow junior officer, I would say, be creative, look around and see where you can be of assistance. There is enough opportunity for everyone to be bold and step up to the plate. I strive to take advantage of every opportunity presented to me. You can do the same- just look around you and ask, “How can I be of service”? 
APAOC’s Healthy Mind Initiative Endorsed by HHS Leaders to Promote Mental Health Awareness among Asian American and Pacific Islander Communities

by LT Ruby Leong, CAPT Joy Lee, LCDR Xinzi Zhang, CDR Karen Chaves, CDR Ranjodh Gill, LCDR Kelly Leong, LCDR Oliver Ou, and CDR Eric Zhou

On October 12, 2018, the Asian Pacific American Officer Committee (APAOC)’s Healthy Mind Initiative (HMI) was highlighted at the second Annual APAOC Leadership Summit held in Rockville, MD. HMI was launched in response to the alarming statistic that suicide was the leading cause of death for Asian American and Pacific Islander (AAPI) aged 12-19 years old in 2016.1 HMI aims to address this public health threat of mental illness and suicide deaths among AAPI youth.

At the Leadership Summit, two senior leaders in the Department of Health and Human Services (HHS)--Dr. Matthew Lin, HHS Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health (OMH) and Mr. Arne Owens, Principal Deputy Assistant Secretary for Substance Abuse and Mental Health Services Administration (SAMHSA)-- commended HMI. Dr. Lin said that the Healthy Mind Initiative is a model program for collaboration across public and private organizations to address mental health challenges in the AAPI community. He commended APAOC for the tremendous progress that the initiative has already achieved in less than a year. Dr. Lin also highlighted the mission of the OMH to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities, and he provided examples of OMH 2018-2019 Initiatives. HMI is in line with OMH’s mission, and the initiative is grateful for the support of these two HHS officials. Mr. Owens also shared with the audience SAMHSA’s 2019 mission and priorities, and provided detailed data on the mental health status of AAPI. He applauded the HMI as an important partnership between APAOC and SAMHSA to reduce the suicide rate of youth in AAPI communities.

By the end of 2018, over eighty PHS officers have presented or supported HMI activities at fourteen educational outreach activities (including nine educational presentations) to various Asian ethnic groups, reaching out to over 600 individuals in underserved AAPI communities. These presentations took place among Indian American, Chinese American, and Korean American faith-based organizations and language schools. HMI has also presented at the Philippine Embassy at the Inaugural National Forum on Filipino American Mental Health Forum. APAOC officers discussed AAPI adolescent mental health risks, early warning signs of mental illness, and available resources for access and treatment. The Cross-Culture Team of HMI also made an educational presentation to the PHS community nationwide via a webinar. In addition, the HMI team set up two booths to disseminate information on mental health awareness at the Chinese Culture and Community Service Center Health Fair in Rockville, MD, and Fairfax County Community Health Fair in Fairfax, VA. APAOC officers and family members collaborated with the American Foundation for Suicide Prevention and see APAOC continued on page 15.
Prevention Through Active Community Engagement (PACE) by participating in the “Out of Darkness Walk” held at the Lincoln Memorial, Washington, DC, on October 20, 2018. Finally, fifty-six PHS officers completed the Mental Health First Aid (MHFA) training, providing officers with adequate preparation before educating the communities on mental health. As part of the HMI expansion strategy, such training was also organized by HMI Regional leadership in Cincinnati, OH.

As the HMI advances from Phase 1A to Phase 1B and 2 (see table below), APAOC will collaborate with other PHS groups to mobilize officers to promote mental health awareness to their communities. Currently, APAOC is working closely with SAMHSA to develop training material on mental health for different ethnic backgrounds, especially for underserved populations such as American Indians and Alaska Natives, so officers can reach out to their communities nationwide. Furthermore, a national essay competition to engage high school students and promote parent-child communication will be launched at the end of 2018. There are ninety-six officers from different racial/ethnic groups, across eight PHS categories, and represented in thirteen states working diligently with over twenty-six partners and collaborators on HMI currently. We look forward to more officers’ participation and support in the future.

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<th>Phase</th>
<th>Target Audience</th>
<th>Communities</th>
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<tr>
<td>1A</td>
<td>Parents</td>
<td>AAPI</td>
<td>Nationwide</td>
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<tr>
<td>1B</td>
<td>Parents</td>
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<td>2</td>
<td>15-18 years old</td>
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For more information on the HMI, please visit: https://dcp.psc.gov/OSG/apaoc/healthy_mind_initiative.aspx.

References:

Hurricane Florence was my first deployment with the Public Health Service. The most important lesson I learned on this deployment was that deployments do not always go as smoothly as one would hope and that two key elements to a successful deployment are being flexible and being able to improvise when plans fail. By researching alternate solutions for obtaining medications not contained in the MLKs and North Carolina pharmacy cache, we were able to find the Garner Wal-Mart pharmacy and the amazing staff that was eager to assist our patients. Our patients were so relieved and grateful when we told them that Wal-Mart had covered the cost of their prescriptions; it was one less thing for them to have to worry about during a very stressful time in their lives. We had to think “outside of the box” and were fortunate that Wal-Mart was generous enough to assist us by providing our patients with life-sustaining medications at no cost.

Abstracts for APHA presentations, including those of the Scientist Officers highlighted here, can be viewed at https://apha.confex.com/apha/2018/meetingapp.cgi/Home
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Wreaths Across America 2018

On December 15, 2018, the Ft. Gibson National Cemetery was one of approximately 1400 national cemeteries in America that participated in the Wreaths Across America (WAA) program. This program was begun in 1992 by Morrill Worcester, owner of Worcester Wreath Company, because he had an excess inventory of Christmas wreaths. These wreaths were donated to Arlington National Cemetery in Washington, DC. This simple act evolved into a non-profit organization in 2007, and continues to grow to this day. The mission of this organization is “Remember, Honor, and Teach.” WAA is committed to teaching younger generations about the value of their freedoms, and the importance of honoring those who sacrificed so much to protect those freedoms.

The Ft. Gibson National Cemetery is located in Ft. Gibson, OK, and has approximately 21,000 veteran gravesites. Volunteers laid about 1,900 wreaths after an emotional ceremony. The ceremony recognized each branch of the armed services and POW/MIA’s with a wreath. [COA confirmed with the author that non-armed forces organizations, i.e., the PHS and NOAA, were not recognized at the ceremony. We have reached out to national headquarters of Wreaths Across America and pointed out this omission. It's all about recognition and respect.] The United States Public Health Service (USPHS) had seven officers participating in the activities this year. Representing the USPHS from Cherokee Nation/Indian Health Service were CDR Jennifer Turner, LT Nathan Mann (Three Rivers Health Center), CAPT Tony Likes (Vinita Health Center), CDR Rebel Nelson, LT Julie McCandless, LT Alena Korbut, and civilian Michelle Scott (WW Hastings Hospital). LT Joey Cookson from Creek Nation Health Center and Retired CAPT Richard Turner round out the USPHS Officer volunteers.

Friendsgiving Back

by LCDR Elizabeth Moham

On Saturday, 1 December 2018, the Thomas Jefferson (Philadelphia) Branch of the Commissioned Officers Association held its first annual Friendsgiving Back dinner party in Medford, NJ. CDR Gayle Lawson and LCDRs Arango and Moham collected 30 cans of food for the St. Vincent de Paul Society, a nonprofit, Catholic lay organization that provides services to those in need and living in poverty.

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CAPT Jason Woo: Thoughts from a Retiring Officer

by John McElligott

COA interviewed Captain Jason Woo, MD, MPH, FACOG, Senior Medical Officer in the Office of Generic Drugs, Center for Drug Evaluation and Research, U.S. Food and Drug Administration. His career in the Commissioned Corps has been in the FDA and Indian Health Service.

COA: As you near retirement, what parts of serving in uniform will stand out to you?

CAPT Woo: All of the different people you get to meet in a Corps career. Part of that is being a part of something larger and then being open to networking and meeting people in different fields than you are in and learning so much more about what public health is.

COA: You are a physician who served in clinical roles and then transitioned to management and regulatory affairs. Why did you switch?

CAPT Woo: I always knew I wanted to do policy work, after a few years in clinical. I ended up being an Ob/Gyn because I love being with patients. I love the Indian Health Service, where I started, but I wanted to shift to policy work. So, I got my MPH when I was doing my clinical job and started on the path toward policy.

COA: Looking back, are there upsides and downsides to working in non-clinical, managerial roles as you get promoted?

CAPT Woo: The joy of clinical medicine is the immediate satisfaction of helping somebody. The work in policy, programs, administration, and research brings you farther away from the end user. Public health is not just population health. It’s the health of any individual. But policy and management open up opportunities to influence the broader health care system. I still keep a small clinical practice, about once a month. We all need to consider those transitions in life, depending on which challenges we want to take on.

COA: The Commissioned Corps is going back to the requirement of clinicians who deploy as clinicians to maintain contact hours with patients. What tips would you have for fellow clinicians to seek clinical hours?

CAPT Woo: For me, it’s not something I need to get paid for. I’m willing to work for free, as long as the clinic covers tort or medical liability. If you look around, there are probably a lot of opportunities. Remaining a clinician has been very important in enabling me to stay grounded. It reminds me why I’m there. It’s easy to get wrapped up in needing to get grants out or some review done. And you’re disconnected from the people we’re trying to impact. I highly recommend to anyone who gets clinical training to stay clinical throughout your career. Find some way to do it, even if it’s just once a month and for free. You may feel like you’re getting burned out, but just don’t give it up.

COA: You were co-chair of the Symposium for a few years and had other planning roles in earlier years. What is your elevator pitch to officers considering whether to attend or be involved with planning the conference?

CAPT Woo: It is the most important thing you could ever do for your career. It gets back to the breadth and depth of public health. Health care is complicated. Public health is more complicated, because of all of the expertise that needs to be at the table to make the health of the nation better. The only way you understand that is by being open to learning new information and from people in different areas. I was energized when the USPHS Symposium shifted from mainly plenaries to mostly abstracts, when more officers could present the work they’re doing. We have several tracks but we still don’t have nearly enough time for everyone to speak about all of the neat stuff they’re doing. The networking is also important.

We become public health professionals when we learn how our narrow area of expertise fits into the big picture.

COA: You’ve been leading the charge to provide leadership training for members of the Commissioned Corps. What’s currently being offered by the service or agencies?

CAPT Woo: All of the departments and agencies have different leadership training frameworks and different levels of funding. Access to officer development is difficult for people in the field. Our program connects officers with fellow officers.

COA: Please describe the leadership training you’ve been organizing?

CAPT Woo: Learning Core Leadership is mainly about the connection. It’s about building relationships between officers across agencies and duty stations. The book circle is about the relationships, and not really about the materials. It’s really officer-to-officer and helping them coach each other.

COA: What do you predict for the future of leadership training in the Commissioned Corps?

CAPT Woo: What the ASH is doing is fabulous. The past transformation of the Corps was the first step. The strides toward having a Corps that is ready to respond is incredibly important to maintaining our identity. Part of the challenge for the Corps is how the concept of public health has grown over the decades. It’s much larger than whatever services the Federal government provides. A renewed focus by the ASH on training and building an identity for the Corps is critical. I think our strength as a Corps will always be the ability of officers to connect with one another and across professional categories, whether it’s an official leadership training program from Headquarters, or more of today’s patchwork efforts from PACs and advisory groups.
Social norms and societal constructs create topics that become taboo in everyday conversation. It can be increasingly difficult to approach certain conversations in the field of medicine, since individuals might be asked to share the most intimate details about their personal life. As professionals committed to public health, Commissioned Corps officers are historically at the forefront in tackling important public health concerns, no matter how candidly the topics are discussed.

In 1988, Surgeon General C. Everett Koop took a bold step by addressing an important public health concern that most of the population was (and still might be) uncomfortable discussing. VADM Koop sent a letter to every household in the United States containing educational material on HIV and AIDS. This letter addressed many topics that were “taboo” at the time, such as sexually transmitted diseases, practicing safe sex, and what it means to live with HIV and AIDS.

Current science and research have made great advancements in HIV prevention, education, and improving the quality of life of those with HIV/AIDS. In honor of the thirty-year anniversary of the 1988 Koop letter, members of the Sexual Orientation and Gender Diversity Advisory Group (SOAGDAG) of the Commissioned Corps revamped the educational brochure with updated information on HIV and AIDS. Several COA members were proudly involved in this workgroup to commemorate VADM Koop’s letter, including CDR Robert Kosko, CDR Richard Dunville, CDR Pamela Abrams, LCDR Luis Iturriaga, LT Patrick High, and LT Allison Rydberg.

The updated brochure contains the most recent data about HIV/AIDS, and includes topics such as disparities among racial, sexual, and gender minorities, implications for people who inject drugs, guidelines for getting tested for HIV and other sexually transmitted diseases, treatment options for those living with HIV, and new HIV prevention methods like Pre-Exposure Prophylaxis (PrEP). The aim of this document was to celebrate the work done by VADM Koop in addressing HIV/AIDS openly and candidly as a public health concern, as well as to provide updated educational information that highlights the current literature and statistics surrounding HIV/AIDS.

The participating SOAGDAG officers and COA members are passionate about serving vulnerable populations in the United States, including those affected by HIV/AIDS. These officers hope that by breaking the stigma surrounding HIV/AIDS, more individuals living with HIV/AIDS will seek treatment, and those without the disease will engage in preventative strategies. Continued commitment to addressing this important public health concern will result in improving the quality of life in those living with HIV/AIDS, and ultimately lowering the incidence and prevalence of new HIV infections.
without pay. We thought that even one unpaid PHS officer was too many, and we took the actions described elsewhere in this column to secure short-term financial assistance for you by reaching out to Pen Fed and Navy Federal Credit Unions, and to USAA. No one else was doing that on your behalf.

We asked PHS headquarters how many officers were unpaid, and we did not get a number for an answer. We then saw the message sent out by Admirals Giroir and Adams on 9 January in which funded and unfunded agencies were listed. We knew approximately how many officers were assigned to each unfunded agency and department (Indian Health Service, Bureau of Prisons, Coast Guard, National Park Service, so on), and we added them up, with the number reaching close to 4000. Again, we didn’t know whether this was the correct number, but it was the best we had. We have subsequently been informed by PHS headquarters that there were not nearly that many of you who actually went without pay during this absurd shutdown. We are delighted that the number was not as large as we had feared, and we regret using an inflated number when talking with members of the press. As I said earlier in this column, even one unpaid PHS officer was one too many, as far as we are concerned. We also know that the numbers we used as to how many of you are assigned to a particular agency or department are out-of-date because the public database we and others could readily access has been hidden away and inaccessible for more than a year now. We see no reason why it cannot once again be made public, and we have asked for such without results.

(The following is what I wrote prior to the end of the shutdown).

I have traveled to something like fifty-four countries, many of them what we term “less-developed” or Third World countries. I never thought of our own country as being in that category, but that is exactly how it is behaving at present with the partial government shutdown and furlough of federal employees, including up to two-thirds of the Commissioned Corps of the US Public Health Service. As of today (15 January), officers assigned to the following departments and agencies are working without pay: IHS, CDC/ATSDR, BOP, DHS (includes Coast Guard), DOC (includes NOAA), EPA, FDA (partial), DOI (includes National Park Service), DOJ (non-BOP), USDA.

One problem we encounter as we advocate for you during this time is that many people—perhaps most people—do not understand that just because HHS has its appropriation, not all PHS officers are receiving pay. We read many articles discussing how the Coast Guard was not being paid, but I saw only one piece that mentioned, briefly, that USPHS and NOAA folks were in the same condition. We have attempted to draw attention to this problem and have had limited success in doing so.

For example, The Military Coalition, of which we are an active member, drafted a letter to be sent to Sen. John Thune (R-SD) endorsing his Pay Our Coast Guard Act, which calls for the government to provide pay to members of the Coast Guard during the government shut-down. I had earlier become aware of this legislation and had reached out to Sen. Thune’s staff. When I saw the TMC draft, I immediately requested that it be modified to include both the USPHS and NOAA. This was done by the chair of the TMC Personnel Committee, on which I serve. The letter was then sent out for approval to all thirty-two members of TMC. It was eventually sent to Sen. Thune with twenty-eight organizational signatures on it. The letter can be found on the COA website at http://www.coausphs.org/media/2001/the-military-coalition-letter-on-shut-down-pay-january-2019.pdf.

We at COA also reached out to Pentagon Federal Credit Union and Navy Federal Credit Union and asked that they extend low-cost loans to those among you who are working without pay. They readily agreed, and we publicized this to our members. We also reached out to USAA, an organization to which I have belonged for more than thirty-five years. They were offering loans to both the Coast Guard and NOAA, but they told our members that they were not eligible. I was able to get through to the USAA executive suite for the first time on 7 January, and the person with whom I spoke said she would take my request to the proper person. Having heard nothing in two days, I called again and spoke with a second person. He, too, promised that USAA would consider my request on your behalf.

I was getting frustrated by the inaction, so I reached out to someone in USAA’s Office of General Counsel with whom I had worked in getting USAA membership open to PHS officers. She promised to make some inquiries on our behalf. We then reached out to the USAA liaison to the 2019 PHS Scientific and Training Symposium and asked him to assist. What finally seemed to get their attention was when we contacted the retired US Navy Captain who serves as USAA liaison to the military academies. He was finally able to break through and persuade USAA to treat you all the same way members of the Coast Guard and NOAA are treated.

All of this should not be necessary, as the government should not have shut down. I have been studying US government since I was in college many years ago, and I worked on Capitol Hill for almost eight years. As you undoubtedly know, this is the longest government shut-down we have ever experienced, and as far as I am concerned, it is the most absurd one.

Prior to the 1980s there were no government shutdowns because of a lack of appropriations for a given department. Then, in 1980, employees of the Federal Trade Commission were furloughed for one day because there was no appropriation for them. The reason behind this furlough was a 19th century statute called the Antideficiency Act, which says that no agency of the federal government can incur financial obligations (i.e., spend money) unless Congress has appropriated funds for it. The act dates back to the administration of U.S. Grant in 1870, and it had never loomed large in government circles. (This statute was enacted as a result of certain government agencies spending all of their appropriated funds early in a fiscal year, then going back and asking Congress for more money to get them through the year. The US Army was apparently very good at doing this, and Congress always felt as if it had to appropriate more money to pay the soldiers. Then as now, military servicemembers have a great hold on the Congress. Such tactics have not been the norm for many, many years, and one could argue that the Antideficiency Act was never meant to force a government shut-down).

President Jimmy Carter’s Attorney General, Benjamin Civiletti, decided that this act was to be enforced in every jot and tittle, and the result is the chaos we are now experiencing. There were three government shut-downs under President Ronald Reagan, but none of them lasted more than a single day. One three-day shut-down occurred under President George Bush (41), and two occurred
in the Democratic Republic of the Congo. It was a first for FDA to assist in such a complex outbreak.

OCS’s Office of Counterterrorism and Emerging Threats issued an Emergency Use Authorization to the Defense Department to enable the use of freeze-dried plasma on hemorrhage or coagulopathy in U.S. military personnel during combat. It has saved the lives of fellow service members.

OCS has also fostered innovation. The Office of Health Informatics recently piloted a widget called Healthy Citizen. This citizen-centric platform enables patients and those who care for them, research organizations, and FDA to communicate in a single environment to improve health outcomes.

**Frontline:** What are some areas in need of improvement?

**RADM Hinton:** OCS must continue to grow and change. We’re looking at the experience of our stakeholders and developing an IT infrastructure that will enable us to be more productive and efficient as needs evolve.

**Frontline:** Which experience best prepared you for the role of Chief Scientist?

**RADM Hinton:** I’d say my years of increasing levels of experience at the agency. I’ve grown more familiar with the agency, its unique regulatory issues, and levers to pull to achieve FDA’s goals. Leading medical policy programs and strategic initiatives in CDER involved considerable collaboration within FDA and with external stakeholders. Collaborating with others is a skill that is crucial in this position.

**Frontline:** Do you think being a PHS officer adds value to the FDA and to the position of Chief Scientist? How?

**RADM Hinton:** Absolutely. Being an officer enhances the mission of the FDA and adds value to the position of Chief Scientist. FDA currently has over 1,100 active duty officers. In our dual roles as public health professionals and uniformed servants, we are incredibly diverse in our skills and backgrounds. At the same time, we have an esprit de corps, a shared code of conduct, and core values – Leadership, Service, Integrity and Excellence. We work to uphold the Commissioned Corps mission through our work in the Centers, on deployment, and through engagement with our stakeholders, federal partners and the public we serve. As Chief Scientist, I am positioned to collaborate with others to leverage the priorities of the FDA and Commissioned Corps.

**Frontline:** Any advice for junior officers?

**RADM Hinton:** Represent yourself at the highest level. Put your best foot forward for the agency and to the public. You’re representing the service, ASH, Surgeon General, and agency leaders. You’re one individual with two faces, one for the agency and another for the Corps.
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LT Kelly Stewart
ENS Aliens Turechek, Jr.

# C. Everett Koop Living Legacy Fund
+ Emergency Relief Fund
^ RADM Jerrold M. Michael Fellowship
All other donations were made to the COF General Fund
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The National Capital Region.

All RIST-NCR officers responded to the deployment request from the Readiness and Deployment Operations Group in the evening of Saturday, December 1. Selected officers were notified on December 2 to report to the Hubert H. Humphrey Building (HHS headquarters) on the morning of December 3. RIST-NCR officers joined other HHS full-time staff and ASPR’s National Disaster Medical System (NDMS) intermittent staff to form the IMT. RIST-NCR officers filled eleven positions in Planning, Operations, Administration/Finance, and Safety.

The IMT carefully staffed health & medical task forces of varying size and capabilities for placement at select areas to provide direct support to our partner agencies. These task forces ranged in size from three to twelve personnel staffed with NDMS and U.S. Public Health Service officers and were located in a medical aid station on the grounds of the Capitol, the Capitol Visitors Center, the Capitol Rotunda, the National Cathedral, and in multiple government buildings on the Capitol complex, with additional teams held in reserve. In addition to filling these critical roles, RIST-NCR officers assisted in coordinating the tracking and movement of task forces and resources and ensured the safety of responding personnel.

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during Bill Clinton’s presidency. Many of you may recall that one of the Clinton shut-downs’ was allegedly caused by House Speaker Newt Gingrich’s pique at having to de-plane Air Force One through the back exit, rather than coming down the front stairs with the President. This is probably a simplistic explanation of the reasons behind the shut-down—though Gingrich was certainly capable of throwing such a tantrum—as there were substantial differences between Democrats and Republicans over policy issues. (Please see https://www.theatlantic.com/politics/archive/2018/12/newt-gingrichs-1995-shutdown-came-fit-pique/578923/)

A sixteen-day 2013 shut-down centered on Republican opposition to the Affordable Care Act, while a three-day January 2018 shut-down was fought over immigration. Now, we are at 2019. Our government is experiencing a partial shut-down because President Trump promised during his 2016 campaign to build a wall along the border with Mexico (and have Mexico pay for it), and members of the Democratic Party do not believe that such a wall should be built. President Trump has said that he will run for re-election on the basis of “promises made, promises kept,” and the border wall is his most notable promise. For obvious political reasons, Democrats would like to see him fall short on his promise.

As I examine all of the previous shut-downs, I am struck by the fact that the current one has the most politically-obvious cause. There were others where there were differences of political ideology, but this one feels different. Both sides have dug in, and neither one is willing to allow the other to score political points. Meanwhile, the United States looks to the world like a stumbling, bumbling shell of itself. I cannot predict how long this impasse might persist, and it pains me greatly to see so many of you suffer financially as a result. We at COA have done everything we can think of, and we realize that it is painfully little.

I don’t believe the Antideficiency Act of 1870 was ever designed to cause a government shut-down, and I am confident that its drafters, and those members of Congress who voted for it, would be surprised at the way it is being interpreted. Exceptions to the act are made all the time, so its implementation and enforcement are what a reasonable person might call “flexible.” “Unpredictable” would be another way of describing its implementation. I just saw in the news today (16 January) that many employees of the Internal Revenue Service have been called back to work without pay to process federal tax returns and that Agriculture Department employees have been called in to process tariff-loss payments to farmers. Are the jobs these folks do really necessary for public safety? I suggest not and propose to you that the forced unpaid government labor we are seeing—including your own—is quite idiosyncratic and unfair.

Requiring federal employees, uniformed and non-uniformed alike, to work without pay strikes me as essentially un-American. Is it legal? Probably so, because courts have said it is. Is it wise? That’s another matter entirely, and the increased absenteeism we see among some groups of furloughed workers—TSA comes immediately to mind—suggests that some federal employees are fed up with this arrangement. I am personally fed up with our great country acting in what I believe is irrational fashion. I certainly hope that the shut-down will have ended by the time you read this issue of Frontline. Regardless of when it ends, though, I am afraid that what we have experienced here is an appalling lack of leadership at the national level.

RIST-NCR members also served as liaison officers deployed to local emergency operations center to maintain situational awareness. The liaison officers facilitated the flow of information between the District of Columbia Health Department, D.C. Homeland Security and Emergency Management Agency, the Multi-Agency Coordination Center (MACC) of the Secret Service, and the U.S. Capitol Police Unified Medical Command to the command staff of the IMT.

The IMT demobilized after the departure of Special Air Mission 41 from Joint Base Andrews, MD, and RIST-NCR officers returned to their duty stations the following morning. These officers left with a feeling of accomplishment at supporting such an important national event.

RIST-NCR Officers are always on-call in the National Capital Region and available to respond to planned or unplanned events. The team has thirty U.S. Public Health Service officers ready to deploy within twelve hours of activation, normally for up to three days, with some deployments lasting up to fourteen days. RIST-NCR has responded to and supported over fifty-two public health emergencies, significant events, and incidents since it was created in 2009. Officers from the NCR interested in serving on the team should contact the team commander, CAPT Sally Hu at sally.h.hu.mil@mail.mil for more information.
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