It’s Been a Good Run

Representing the Commissioned Corps for the past five-plus years has been one of the highlights of my life. You all do incredible work, yet very few people even know that you exist. It’s bad enough that you perform your work in anonymity, but neither of the two Presidential administrations that have been in power since 2014 seem disposed to publicize what you do. Military actions receive all kinds of press, but the types of life-saving work you do goes largely unrecognized. We at COA have tried to change that, and we’ve had some successes, but many times our efforts have been met with either indifference or outright hostility.

When I applied for the COA/COF Executive Director position in the fall of 2013, I knew I would be a long-shot candidate. I knew little about the Public Health Service and did not expect to get the job. However, after a long interview process, I was selected as the new Executive Director. I was thrilled to have the opportunity to work with such a dedicated group of people.

Commissioned Corps officers with Prevention through Active Community Engagement (PACE) recently discussed opioid addiction with members of the Parent Teacher Student Association at Sherwood High School in suburban Maryland. Addressing one of the country’s biggest epidemics and one of the Surgeon General’s six priorities, Opioid Addiction and Prevention, PACE officers engaged parents on topics such as opioid identification and prevention, the three stages of addiction, and emergency assistance. Parents answered a six-question pre-and post-test, offered in English, Spanish, and Chinese, to determine how much information they knew and what they had learned by the end of the presentation.

Based on the results shown on the graph below, participants increased their knowledge in each category from 19%-60%. Pretest scores ranged from 30%-80%, with an average score of 56%. Post-test scores ranged from 89%-100% with an average of 96%. At the end of the presentation, officers shared training samples of different naloxone delivery systems and confirmed that participants knew how to administer them.

According to the National Survey on Drug Use and Health in 2017, an estimated 21 million Americans (more than the number of people who have all cancers combined) suffered from a substance use disorder involving alcohol or drugs. However, only
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Efforts on Capitol Hill continually support all Commissioned Corps officers – active duty and retired

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Legislative Update
FDA Updating Tobacco Warnings

by Judy Rensberger

On Friday, 16 August, the U.S. Food and Drug Administration proposed new regulations to update and strengthen the health warnings on cigarette packs and advertisements. This is the most recent attempt in a history that dates back more than half a century. As PHS officers will recall, FDA’s attempt a few years ago to include graphic images, which COA supported, were beaten back by industry and a disappointing appeals court decision. The agency is trying again. “The current 1984 Surgeon General’s warnings are inadequate,” the proposal states; they “have not changed in nearly 35 years.”

As if to underscore the importance of staying abreast of the health risks of smoking, an entirely new threat emerged in August. As Frontline goes to press, the Centers for Disease Control and Prevention (CDC) is investigating more than 450 cases of severe lung illness that appear to be linked to the use of e-cigarettes and vaping. On 6 September, CDC reported that the cases under investigation are spread across 33 states and include five confirmed deaths.

Background
Given the historic role of the U.S. Surgeon General in the never-ending battle against tobacco-related diseases, COA will be submitting formal comments on or before the deadline of 15 October. Suggestions from COA members are welcome. The detailed, 45-page proposed rule exceeds 41,000 words.

Some press accounts have suggested that the FDA’s delay in following its earlier defeat is due to timidity. My own take is that the agency simply wanted to get it right. That meant a great deal of additional research, including disease-related studies, research on consumer behavior, and the testing of written messages and images in combination and against each other. The preamble to the rule includes long sections on the need to regulate tobacco, the history of rulemaking in this area, the underlying research, and the legal authorities that both permit and limit the overall effort.

The FDA filing points out that cigarette smoking remains the leading cause of preventable disease and death in the United States. It is responsible for more than 480,000 deaths each year. Smoking causes more deaths each year than HIV, illegal drug use, alcohol abuse, motor vehicle injuries, and guns combined.

Updated Health Risks

Over the years, the list of diseases arising from tobacco use has steadily expanded, as the U.S. Surgeon General’s own reports have pointed out. But...
A Perspective on Leadership

by CAPT Nelson Mix, PE

On June 6, 2018, at the COF Symposium I was recognized by the Chief Engineer and EPAC as the recipient of the RADM John C. Villforth Leadership Award. Throughout my PHS career of 27+ years I’ve had memorable experiences related to leadership. Here’s a few:

• Early 2000s: I was inspired by RADM Robert C. Williams (ret.) at Engineer Awards Breakfasts. (These types of events are worth attending!)

• Mid 2000s: I learned of Sir Earnest Shackleton during a Society of American Military Engineers Golden Eagles Dinner, and of Joshua Chamberlain. (Good speakers will mention books and heros who don’t wear capes.)

• 2008: I was the most junior officer speaking at a two-day PHS leadership training in San Antonio. I was nervous, so I bought and read several books during the preceding months. (One book, “Leadership for Dummies” explained leadership was a combination and repetition of: 1. Elicit a spirit of cooperation towards a common goal. 2. Listen, and 3. Put the needs of others before yourself.)

RADM Edward Dieser asked me to say a few words about leadership when I received the RADM Villforth award. I spoke about effectuating change. (When I started my career there were a lot of male officers with pony tails and beards and not wearing uniforms. We only wore our uniforms on Wednesday and didn’t have a field uniform. I think I went an entire year without donning a uniform because of field work, but I always wore PHS ‘pride apparel’ on Wednesdays). I told how I lost ~50 pounds, and in years to come we will look back at the weight retention standards with satisfaction - knowing it was the right direction for our Corps. (If anyone is struggling with weight, and wants someone to talk to, feel free to call me.) I also mentioned that its easy to be critical of leadership. (One can be the President, Pope, a politician, or a PHS PAC subcommittee member and still be criticized.) I paraphrased the quote from Theodore Roosevelt’s 1908 speech about citizenship in Paris, France often referred to as “The Man in Arena” and “It is not the critic who counts”.

(“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, and comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows the great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory nor defeat.”)

RADM Richard F. Barror (ret.) started the 2008 leadership training in San Antonio by reminding that “All leadership is temporary”. He also once wrote as our Chief Engineer that leading is similar to being a turtle (paraphrasing): ‘Sometimes you have to stick your neck out (cautiously) to slowly move ahead’. Mark Twain said “Twenty years from now, you will be more disappointed by the things you didn’t do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails.” My challenge to you is: Be diligent, take advantage of leadership opportunites, and don’t worry about the critics.
Officers from the Southern California (SoCal) Commissioned Officers Association (COA) chapter participated in a local community volunteer event called the Veterans Stand Down on June 29, 2019. The event was led by Veterans Village of San Diego (VVSD) and included volunteers from US Veterans Affairs (VA), surrounding community members, and members of other uniformed services. United States Public Health (USPHS) volunteers consisted of nurses, pharmacists, physician assistants, social workers, and engineers. The San Diego Stand Down supported more than 800 homeless veterans and their families.1

In 1981, five Vietnam Veterans were discontent with the lack of adequate medical and psychological care that was available to veterans. The five individuals took the initiative and formed an entity called Vietnam Veterans of San Diego. At that time, they identified their focus as helping their homeless comrades who were sleeping on the streets, under bridges, and in parks.1 In 2005, they changed their name to Veterans Village of San Diego (VSD) to better reflect their mission to provide comprehensive services that help restore the lives of all veterans in need.1

Homelessness among veteran populations is alarmingly high due to the invisible wounds of war, such as traumatic brain injury and post-traumatic stress disorder. On a single night in 2018, there were 37,878 homeless veterans across the United States1. Of all veterans experiencing homelessness in the United States, approximately 30% or 11,000 veterans, are in California.2 Homeless veterans have increased by 23% from last year in San Diego county alone.1 Veterans Village of San Diego Stand Down provides services to over 2,000 veterans annually.1 San Diego is known to host the largest Stand Down event in the country.

Since 1988, Veterans Village of San Diego, founders of the Veterans Stand Down, organizes a yearly three-day, two-night intervention program supporting homeless veterans and their families with the assistance of thousands of volunteers.1 Today, more than 200 Stand Downs take place across the United States annually. At each Stand

see SoCAL continued on page 15
Officer Attends Preparedness Training

by LCDR Temika Hardy-Lovelock

From June 9-13, I had the opportunity of participating in a five-day didactic training at the Center for Domestic Preparedness in Anniston, AL. This training course provided the participants, who came from many medical disciplines (physicians, nurses, EMTs, paramedics, fire fighters, pharmacists and other emergency response disciplines) with the training, knowledge and experience needed for deployment for public health emergencies and disasters.

The National Disaster Medical System (NDMS) is a federally-coordinated healthcare system and partnership designed to provide medical care during disasters or emergency events in support of State and local healthcare agencies. It collaborates with other entities to provide full range support through such organizations as USPHS Commissioned Corps teams.

This training comes highly recommended for all USPHS officers, as it provides the “real life” practice of preparing for and treating patients during a public health emergency and/or disaster. Classroom lectures, infrastructure set up and dismantling, and field site training was provided to accomplish NDMS training goals. It was an all-hands-on deck experience, from the construction of temporary medical sites to the use of common medical equipment in the field, as opposed to the more traditional sterile hospital setting. This training purposely introduces challenges that most health-related professionals would not often encounter or haven’t dealt with since their initial training.

As a USPHS nursing officer, I trained and worked alongside other medical care providers toward the common goal of providing optimal health care to those displaced by the “simulated” disaster. Disaster Medical Assistance Teams (DMAT) provide sites with the necessary supplies and equipment to sustain themselves for a period of seventy-two hours while providing medical care at a fixed or temporary medical site. The deployment resources provide response capability for initial medical treatment in the triage area, treatment for minor and major medical conditions, and transportation of persons who may present with special medical needs. Additionally, the training includes evacuation of patients, infection control/isolation, mental health screening and services, environmental health services and other emergency response needs.
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Therapist Junior Officer: LT Daniel Bordt

LT Bordt is a Physical Therapist currently stationed at FMC Rochester, Bureau of Prisons, Rochester, MN.

LT Bordt was commissioned into the United States Public Health Service in 2018. In his short time at FMC Rochester, he has had a tremendous impact. His write-up justification aided in paving a new track at FMC Rochester, a project on hold for ten years. He initiated a musculoskeletal sick call program at FMC Rochester, serving as a first-contact provider for inmates with musculoskeletal injuries/issues. LT Bordt serves as the supervisor of the only Rehab Aide Apprenticeship Program within the Bureau of Prisons. He initiated the apprenticeship upon his arrival. He has stepped up, providing valuable information/authorship to the Officer Basic Course APFT Preparation Guide (disseminated Corps-wide through the Commissioned Officer Training Academy) and the Therapist Professional Advisory Committee Response to the Opioid Crisis: White Paper (approved for publication in the Pain Management Journal).

LT Bordt served as drill and ceremony commander during the 2018 NCCOA Promotion Ceremony. He was an active member of the planning committee for the COF Symposium Therapist Category Day. In addition, he is actively involved with Prevention through Active Community Engagement (PACE) helping create a chronic pain management presentation and the TPAC Social Media Subcommittee. In addition, he regularly provides support as an officer to community activities to include Wreaths Across America and the Go for the Gold 5K run in support of the Brighter Tomorrows Foundation (foundation supporting families with a pediatric cancer diagnosis).

Green Country COA Color Guard

Green Country Commissioned Officers Association has the most active and sought-after color guard in the Oklahoma City Area. The color guard was requested for the Flag Promotion Ceremony for Rear Admirals Brandon Taylor and Travis Watts on March 8, 2019, as well as the retirement ceremony for Rear Admiral Kevin Meeks in June 2019. The color guard is active in Green Country COA activities, including the dining out event in September 2018 held at the Cherokee Nation Hard Rock Casino and the promotion ceremony, also in September 2018, at Cherokee Nation WW Hastings Hospital. The color guard has also been selected to present the colors at the annual pharmacy conference held in Oklahoma City.

The color guard has a long and rich military history, with many traditions to be followed. Green Country COA color guard has been led by LCDR Ben Gustin for the last two years. LCDR Gustin has done an outstanding job of leading the color guard at numerous events. The color guard offers an excellent volunteer experience for junior officers. These officers exemplify the esprit-de-corps of the Commissioned Corps United States Public Health Service.
COA has recently assisted several members who have been over-charged for prescription drugs. We thought it possible that we might have members who do not understand all the options available to USPHS Commissioned Corps officers, who have four ways to fill prescriptions, listed below in the order of cost:

- Pharmacies at military treatment facilities fill prescriptions for both 30 and 90 days at no cost as long as they carry your medication. Your prescriber can phone in the prescription for you, or you can present it to the pharmacy in hard copy.
- TRICARE Pharmacy Home Delivery provides a 90-day prescription, filled by mail, with a zero-dollar copay for formulary generic, $13 for brand name, and $43 for non-formulary.
- Retail pharmacies (commercial drugstores) in-network provide a 30-day prescription fill with cost shares of $5 for generic, $17 for brand name, or $44 for non-formulary.
- The most costly is a non-network pharmacy that provides a 30-day prescription fill for $44 or of 20 percent of the cost of the drug.

Initial medication prescriptions should be filled in military or retail pharmacies. TRICARE Pharmacy Home Delivery is for refills of longer-term maintenance medications.

Beneficiaries without regular access to military pharmacies would benefit from home delivery, which offers 67-percent or greater savings on refills compared to retail drug stores.

TRICARE declares certain drugs as “non-formulary” if they are no more effective than other available drugs that treat the same condition, but cost more for the military to purchase. If your doctor prescribes a non-formulary drug, talk to them about substituting a generic or brand-name drug that’s equally effective for you, but has lower copayment. If your doctor believes a non-formulary drug is medically necessary for you, the doctor can request that TRICARE grant a waiver to give you the drug at the regular, lower copayment.

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The YMCA (Young Men’s Christian Association, a.k.a. “the Y”) is a worldwide organization with over 64 million beneficiaries. The Y is committed to youth development, healthy living, and social responsibility. The Y’s goal of improving the nation’s health and overall well-being is parallel to our USPHS mission to “protect, promote, and advance the health and safety of our Nation.” Therefore, the Y is an attractive partner for COA chapters looking to support community public health efforts.

YMCA's across the country hold an annual “Healthy Kids Day” as a national initiative to improve the health and well-being of children. This is the organization's largest national event to bring families together to provide education and activities promoting health and fostering connections through fitness, sports, and healthy habits. This year’s event was held on April 27, 2019, with over 1.2 million participants.

Tidewater COA members hosted an information table at the Greenbrier North YMCA, located in an underserved area of Chesapeake, VA. Members provided education and materials to children and families on healthy homes and indoor air quality, e-cigarettes, food safety, nutrition, and emergency preparedness. The highlight of the TCOA table was an interactive activity focused on families’ preparedness for the upcoming hurricane season. This part of Virginia has a long history of significant tropical storms and hurricanes affecting the area; many years see residents evacuating during major storms. The activity timed participants as they packed a “go-bag” using materials available at the table. When their time was up, TCOA members discussed participants’ rationale for choosing certain items and offered tips to help with emergency planning. This motivated family members to collaborate about what items would be most important for them during an emergency. Printed materials from Ready.gov were shared to help families start putting together, or adding to, existing emergency kits. This is a fun and informative activity that any local COA branch could do, especially in parts of the country vulnerable to seasonal disasters.

Participating in health-centric community events provides excellent opportunities for increasing the visibility and understanding of the USPHS’ role in advancing public health. Besides health and safety information, TCOA utilized fact sheets from the COA website to educate parents and YMCA staff about the USPHS. As is unfortunately common, most participants were not aware of a uniformed service with a public health mission. However, event planners from the YMCA liked our activities and mission so much that they have invited TCOA back to participate in future events.
The X Factor: Realizing Your Potential for Impactful Leadership

by LCDR Uruaku Obasi

The 9th Annual Leadership Workshop took place on May 7, 2019, as part of the USPHS Scientific & Training Symposium in Minneapolis, MN. This year’s theme of “Realizing Your Potential for Impactful Leadership” was thoughtfully designed as a continuation of last year’s leadership workshop theme of “Lead from Where You Are.” The 2018 workshop provided examples of “what” leadership looks like across the Commissioned Corps. In 2019, the question of “how” to execute and lead was addressed. The full-day workshop was power-packed with an opening and closing keynote from ADM Brett P. Giroir, Assistant Secretary of Health (ASH) and RADM Sylvia Trent-Adams, Principal Deputy Assistant Secretary for Health, (PDASH) respectively.

The agenda included a Chief Professional Officer (CPO) Panel, a Long-Term Leadership Panel, an interactive mentoring lunch session, and a workshop covering Franklin Covey’s “The 4 Disciplines of Execution® (4DX). In line with the Symposium Conference theme of “Better Health Through Better Partnerships,” the workshop featured local leaders from both the Minneapolis and Minnesota Departments of Health; the purpose was to offer another lens at applied public health, while emphasizing the importance of collaboration on shared goals.

The buzz was undeniable as participants rolled into the meeting space, convened around the breakfast spread, and mingled with colleagues and senior leadership from OASH. ADM Giroir provided the opening keynote, detailing how he applies 4DX principles in the strategic assessment, planning, and execution in the daily operations of leading the Commissioned Corps and improving the health of the nation.

The Chief Professional Officer (CPO) Panel returned as a crowd favorite. The CPOs provided their pearls on leadership and answered questions about best practices for executing on strategic goals, measuring outcomes, and balancing between their agency position and CPO responsibilities. The CPOs offered a peak into their work-life balance during their opening bios which included pictures and commentary on their home life, hobbies, and families.

The CPO Panel was followed by the “Leading from the Public Health Front Lines” Panel. On it were CAPT Kis Robertson Hale (Veterinarian), LCDR John Pesce (Scientist), Carlota Medus (Minnesota Department of Health), and CAPT Meena Vythilingam (Medical), who served as moderator. CAPT Robertson Hale described rising to the challenge upon being propelled into a leadership position. LCDR Pesce emphasized the power of persistence and passion while coordinating an initiative (P.A.C.E); specifically, aiding its growth from a grassroots project to a Surgeon General-sanctioned activity. Ms. Medus highlighted a successful cost-saving epidemiologic program which trains and utilizes college students to collect and report gastrointestinal infection outbreak data for the State.

The “Lunch and Learn with Leaders” (L3) made its debut at this year. Participants shared lunch time with a selected leader-of-interest based on their leadership roles with the following events: PHS Athletics - CDR Evan Shukan (Veterinarian) and LCDR Jessica Fox (Pharmacist); FDA Naloxone Training - CAPT Nina Nwaba (Pharmacist); Puerto Rico Rapid Deployment Team Leads - RADM Brandon Taylor, Assistant Surgeon General, CAPT Holly Williams (Nurse); CDC/ASPR Ebola Assessment Team - CDR Duane Wagner (Nurse); Unaccompanied Minor Mission - CDR
Overview Of The USPHS To International Military Officers

CDR Michael Garner and LCDR Joseph Ndifor present an overview of the USPHS to International military officers from the US Army Command and General Staff School, Fort Leavenworth, KS

At the request of the US Army Command and General Staff School (CGSC), International Military Student (IMS) Division, Field Studies Program, CDR Michael Garner and LCDR Joseph Ndifor, presented in July 2019 an overview of the USPHS to 114 International military officers, representing 89 countries. This was part of the CGSC orientation to HHS. The presentation covered topics of USPHS history, assignments, rank/promotion statistics, and USPHS deployments.

The Mission of the US Army Command and General Staff School's IMS Division is to create the conditions and climate for sustained professional growth and success for international military students and to assist those officers in developing expertise and skill sets necessary for the effective management of their national forces in coordination with US military forces. The Field Studies Program mission is to provide a better understanding of the United States, its people, political system, military, institutions and way of life.

CDR Garner provided the USPHS overview and quizzed the officers on USPHS uniformed service facts and handed out challenge coins to better facilitate the discussion. LCDR Ndifor spoke of his experience deploying to fight Ebola in Africa. CDR Garner is a Regional Emergency Coordinator with ASPR, Division of Field Operations and Response (DFOR), Office of Emergency Management and Medical Operations (EMMO) and serves as an official sponsor for the international students and their families for the IMS Division. LCDR Ndifor serves as a Senior Investigator for the HHS, OS, Office for Civil Rights. Both officers are stationed in Kansas City, MO and are members of the Heartland COA.

Photo: CDR Michael Garner addresses a class of international military officers at the US Army Command and General Staff School, Fort Leavenworth, KS

LEGISLATIVE from page 2

even as tobacco-related diseases have multiplied, research has demonstrated that consumers are unaware of almost all of them. FDA's updated list therefore focuses on “negative health effects that are less well known, less understood, or about which the public holds misperceptions.”

FDA’s new list of tobacco-related diseases and conditions includes erectile dysfunction, impaired vision and blindness, diabetes, gangrene, emphysema and chronic bronchitis, and cancers other than lung cancer, such as bladder cancer. The list also includes impacts on reproductive health and pregnancy. Risks specific to women include infertility, osteoporosis, early menopause, spontaneous abortion, ectopic pregnancy, and cervical cancer.

To drive the written messages home, the FDA has proposed running them alongside full-color images that range from straightforward (an underweight baby; a child using a breathing mask) to grotesque (a pair of blackened and diseased lungs; gangrenous feet that are missing some toes).

Legal Authority

The proposed rule would implement a provision of the 2009 Family Smoking Prevention and Tobacco Control Act (known simply as the Tobacco Control Act). It requires FDA to issue regulations that include not only written statements, but also color graphics that depict the negative health consequences of smoking. The idea is that words and pictures together will deliver a stronger punch than words alone. The Tobacco Control Act amended the Federal Cigarette Labeling and Advertising Act (FCLAA) of 1965 to require each cigarette package and each advertisement to bear one of the new required warnings.

"FDA is proposing to take this action to promote greater public understanding of the negative health consequences of cigarette smoking," the preamble states. “Consumers suffer from a pervasive lack of knowledge about, and understanding of, the negative health consequences of smoking.”

The agency undertook what it describes as a “science-based, iterative research and development process” to consider whether revisions to the current warnings were needed, and if their proposed revisions, accompanied by “photorealistic” images, would “promote greater public understanding of the risks associated with smoking.” FDA’s answers to its own questions were yes, and yes.

Anyone interested in submitting comments may do so through the federal government’s e-Rulemaking Portal: https://www.regulations.gov or by mailing a hard copy to Dockets Management staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, Maryland 20852. It’s Docket No. FDA-2019-N-3065 for “Tobacco Products; Required Warnings for Cigarette Packages and Advertisements.”
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Welcome Home to U.S. Coast Guard Cutter Eagle

by CAPT Esan O Simon, MD, FS, USPHS
July 26, 2019

A timeless emblem of the U.S. Coast Guard and a training vessel for U.S. Coast Guard Academy Cadets and Coast Guard Officer Candidates, the Coast Guard Cutter (CGC) Eagle is a 295 ft vessel and the only active-duty sailing vessel in America’s military. Built at the Blohm + Voss Shipyard in Hamburg, Germany in 1936 and taken as a war reparation by the United States after the end of the war, the impressive tall ship of 1,655 tons, maximum crew capacity of 239, and tallest mast of 15 stories high was welcomed back to its homeport of New London, CT, on July 26, 2019.

With its primary mission of training undergraduate students at the U.S. Coast Guard Academy (https://www.uscga.edu) in New London, CT, the majestic tall ship also performs a critical public affairs role with domestic and foreign entities, strengthening U.S. international diplomatic relations, and establishing and developing collaboration with local, state and federal partners.

One such noteworthy engagement was the Welcome Home celebration which occurred at the New London, CT, harbor on the evening of July 26, 2019, at the future site of the National Coast Guard Museum (https://www.coastguardmuseum.org). With distinguished visitors in attendance such as Connecticut Congressman Joe Courtney, Connecticut Lt. Governor Susan Bysiewicz, U.S. Coast Guard Atlantic Area Commander Vice Admiral Scott Bushman, New London Mayor Michael Passero, 24th Commandant of the Coast Guard Admiral Robert J. Papp, USCG (Retired) and others, the evening was filled with history, musical celebration from the Coast Guard band, reception aboard the CGC Eagle, education on future key events regarding the construction and impact of the National Coast Guard Museum, etc.

Comments by Chair of the National Coast Guard Museum Association Susan Curtin and others noted that the museum is expected to bring millions of visitors, along with over $300 million in economic impact, to the New London area. With the CGC Eagle completing four years of extensive renovation in Baltimore, MD, at the Coast Guard Yard, the return to New London was jubilantly welcomed by New London Mayor Michael Passero and all in attendance.

The CGC Eagle’s arrival marked the completion of a four month overseas training and goodwill ambassadorship tour with events such as serving as the flagship for the 75th D-Day anniversary in Normandy, France, as well as port calls in Belgium, Denmark, Norway, and other countries. (https://www.uscga.edu/eagle-schedule/). The Public Health Service (PHS) was represented during the deployment with PHS physicians rotating aboard the ship serving as medical officers providing essential clinical services throughout the entire mission (as well as enjoying port calls in numerous countries). From his permanent duty station in Hawaii, PHS physician and Coast Guard Senior Medical Executive CAPT Paul Heiderscheidt deployed aboard the vessel for the last four weeks of coverage, including the arrival of the CGC Eagle in New London, CT, where he enjoyed some well-deserved liberty and met Coast Guard Academy Medical Director and fellow PHS medical officer CAPT Esan Simon following the welcome home reception.

Whether playing a role in the contribution to the economic prosperity of the ports visited, or its New London, CT, homeport, or providing healthcare to future Coast Guard Officers and crew assigned to the tall ship, PHS Officers deployed aboard the CGC Eagle have been an integral part of key Surgeon General priorities in support of this unique mission.
not have a background in public health. When I was interviewed on 1 March 2014, I did not hold back. I tried to let my passion come through, and I told stories in response to the penetrating questions posed by the search committee. The two boards took a chance on me, and I hope I have lived up to their confidence—and your confidence—since I took over the job on 1 April 2014. It has been a good run, but it is time to move on. Six years, I think, is long enough in the job.

We’ve had some notable successes in advancing both the Commissioned Corps and public health. I have absolutely no regrets in making some high-level people angry as we did so, as they got mad because I was standing up for you. As I told anyone who asked, I work for two boards of directors and 5500 dues-paying members of COA. I don’t answer to anyone else, and it doesn’t matter to me what others think. I’ve been fortunate in that the two boards have been largely-supportive of my aggressive behavior in representing you and fighting for you, though I know there were times when board members squirmed uncomfortably. I was never admonished for my actions or told to throttle back. That’s about all any Executive Director could ask for. Some of you have heard me speak, whether at the Symposium or at a dining out, and you know I am passionate about what I do on your behalf.

We’ve achieved some notable successes in advancing public health and the Commissioned Corps over the past five-plus years, some of which you may not even recall.

- We worked with Sen. Dick Durbin (D-IL) to raise the price of tobacco products sold in military exchanges and commissaries, fighting the exchange leadership in doing so. We know from numerous studies that young people—including young people who join the military—are especially sensitive to price when they take up tobacco use. Raise the price, and you decrease the use. It’s a direct correlation.

- We inspired the creation of a bipartisan Congressional Public Health Caucus in the US House of Representatives. There had long been talk of starting such a caucus, but we made it happen. We wrote the mission statement for the caucus and maintain its website.

- We secured Associate Veterans Day National Committee (VDNC) membership for COA in 2016, then moved up to full membership (one of twenty-five such organizations) in 2017, beating out the American Red Cross for a seat. This allows COA—and through COA, the Public Health Service—to have a prominence in Arlington National Cemetery events on both Memorial Day and Veterans Day and allows the PHS to present a wreath at the Tomb of the Unknown Soldier on those days. COA makes all the arrangements for the wreath-laying and orders and pays for the wreath.

- COA raised the issue of paid maternity leave parity with then-Surgeon General Vivek Murthy in 2015, and we kept pushing the issue until paid maternity leave for PHS officers was adopted in 2016.

- COA took two years and did some interesting maneuvering, but we persuaded the Disney Corporation to grant PHS (and NOAA) officers the same discount admission to Disney World they gave to members of the armed forces, starting in 2016.

- The Veterans Affairs Department started issuing ID cards to veterans in 2017, but you all were not included. COA’s request to the VA went ignored until we took our story to the news media. The VA then decided to start issuing the ID card to PHS officers.

- COA established the Congressional Public Health Leadership Award in 2014, and we give it each year to one or more members of the House or Senate. The object is to recognize members of Congress who display leadership on public health issues and to raise the profile of both the Commissioned Corps and COA.

- PHS was not included in the program under which a veteran could obtain a bronze medallion to affix to a tombstone in a private cemetery. COA persuaded the VA to include the PHS in the program.

- COA worked with members of Congress to persuade TRICARE not to discriminate against PHS (and NOAA) officers in their coverage of dependents with autism.

- COA worked with the Defense Department to ensure that PHS officers—active duty and retired—are eligible for all DoD MWR activities.

- COA persuaded Lowe’s Home Improvement to reverse its policy and provide a military discount to PHS officers, active and retired.

- COA was a founding member of the thirty-eight-member Public Health Leadership Roundtable, which advocates for public health issues.

- COA persuaded Wreaths Across America to change the script it uses at Veterans Day ceremonies so that it includes the USPHS.

- COA drafted and sent a letter to HHS Secretary Azar urging that he apply science to issues involving transgender individuals. This was done in response to news accounts that a high-level HHS official was preparing a rule change that would have denied the very existence of transgender individuals.

- We had letters about the Commissioned Corps and public health published in numerous venues, including The Washington Post, Military Times, and Smithsonian magazine. We had a letter about the PHS and Ebola read aloud on the Sixty Minutes television news program. We had numerous letters and OpEds about the Native American Veterans memorial published in mainstream (Washington Post) and online publications such as The Hill and Military.com. We also reached out to the Voice of America and generated an article that may reach as many as 285 million people in up to 40 languages. As I write this column, we’re still not sure how this one is going to turn out. We have reached out to everyone who has any influence on the issue,
SoCAL from page 4

Down event, homeless veterans received a wide range of services which include the following: housing during the event, access to legal professionals to aid with disputing fines and charges, resources on employment/training/rehabilitation, mental health services, medical, dental, and optical services. The Stand Down services are offered at no cost to the veteran.

The SoCal - COA chapter has participated in three separate Stand Down events. Their first volunteer Stand Down event occurred in June 2018, where they provided services to 767 homeless veterans. Also, SoCal has participated in the North County Stand Down that took place in February 2019 which served over 300 homeless veterans.3

The Veterans Stand Down event is a great way to give back and serve the local veteran population. Additionally, the event provides USPHS officers the opportunity to work alongside sister uniformed services and further demonstrate visibility of the branch.

Participating officers included: LCDR Josie Zepeda, LT Gina Tomkus, LCDR Annemarie Galie, LCDR Alina Schmidt, LCDR Gustavo Miranda, LCDR Amanda Schaupp, LCDR Sanra Duncan, LCDR Odun Balogun, LT Juanj Wu, and LT Marie Cetoute

References:
1. https://vvsd.net/history-of-vvsd/

EXECUTIVE DIRECTOR from page 14

...but the Smithsonian and one US Senator from Hawaii are being completely close-minded on this issue.

- We persuaded the Foundation to set up a privately-funded and earmarked source of grants that could be awarded to PHS officers whose homes are damaged by natural disasters such as floods or hurricanes. Several grants were awarded, starting in 2017.

- Finally, we cut $200,000 in yearly expenses from the COA budget and persuaded the COA Board to simplify the dues structure and raise dues across the board, resulting in an additional $100,000 per year in income. These two accomplishments mean that COA has a balanced budget, which we anticipate will continue.

This is not all we have done since 1 April 2014, but they give you a flavor of our accomplishments. We spoke out when your special pay was messed up in January 2018, and we took to The Washington Post and protested the insulting manner in which American Airlines treated you, even when you were traveling on orders in uniform to a disaster site. Special pay still has its problems, from what we hear from members, and American Airlines stubbornly continues its discrimination against you, for reasons we don’t understand. We don’t win them all, but we try and try and try again.

It has been my privilege to represent an incredible group of professionals and to aggressively advocate for public health. That’s my legacy, and when I leave my position at the end of March 2020, I know that you will support my successor as you did me. Thanks for allowing me to serve you. It’s been a good run.
The 24th Annual
Food and Drug Administration
PROMOTION CEREMONY
FOR THE
UNITED STATES PUBLIC HEALTH SERVICE
COMMISSIONED CORPS
Friday, September 20, 2019
1:30 P.M.

FDA White Oak Campus
Great Room Auditorium
10903 New Hampshire Avenue
Silver Spring, Maryland

www.fda.gov
by CDR Daniel Brum

Distracted driving kills nine people and injures over 1,000 people every day in the United States!

Who has never taken their eyes off the road to look at their phone? I’m driving a 4,000-pound car…ding! Now I’m looking down to read a text.

I’m sitting at a traffic light. I think to myself: plenty of time to read or send a text. The light turns green and I’m still looking down until I get honked by the person behind me. How am I doing my part to curb road rage or to reduce congestion (because fewer vehicles get through the green light).

Making it illegal hasn’t impacted the epidemic. So, what will it take? How are we going to deal with this challenge in our lifetime? If you have children, how are you setting an example, and what will you tell them?

Until a technological “solution” is universally implemented, such that using a handheld device while driving literally cannot occur, or rigorous enforcement with stiff penalties are commonplace, we as Commissioned Corps officers must take it upon ourselves to lessen the impact.

Sometimes in life we think about doing things “in moderation”, and I think it’s worth exploring that concept here. I’ve spoken with officers in my agency and here’s what they tell me about looking at a text or participating in some other form of distracted driving: a few never do it, others do it occasionally, some do it frequently. On one end of the spectrum, some people put their phones away while driving, out of reach or out of sight. Some say they give in to the distraction only at red lights or while stuck in traffic. Some admit they feel guilty about doing it. But it persists!

The risks related to distracted driving while your vehicle is moving are higher compared to when it’s not. But it’s a slippery slope to take a “middle of the road” approach, say, to use your handheld device “but only” while waiting for lights to turn green. Because the distraction insidiously bleeds over into getting honked at or, worse yet: glancing up, accelerating, and then going back to doing what you didn’t “finish” at the light.

As officers, I hope that you choose a lane: don’t use handheld devices while driving. Put them out of sight and reach. Messages you receive during your drive can wait until you stop. If you must look, never do it while your vehicle is moving. And if you want to keep others from raging around you, stop using it at red lights.

Ironically, once you stop, you will have more time to notice all the people doing it around you. Yes, it will bother you (as it does me), but if you stop, that’s one less person doing it, and you will be exemplifying the mission and core values of the U.S. Public Health Service Commissioned Corps.

If you have a passion for discussing ways to minimize distracting driving risks, please reach out to me: dan.brum@fda.hhs.gov.
Donations Received, August 1 to August 31, 2019

Silver ($250)
CAPT James Minor ^

Bronze ($100)
CAPT George A. Durgin, Jr., Ret.
CAPT James McTigue, Ret.
CAPT John L. Robinson

Friends (Under $100)
CAPT Mark A. Anderson
CAPT Maria D. Benke ^
Mrs. Carol Dellapenna
Mr. Stephen Deming
CDR James L. Kenney, III
CAPT Peter Putnam

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

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

Visit phscof.org/giving to donate online today!

We Welcome New Members of COA, August 1 to August 31, 2019

ENS Katherynn Alden
Richardae Araojo
CDR Frances Belcher
LTJG Justin Bunn
LT Carissa Chesser
LCDR Howard Chiou
LCDR Tyhis Coates
LTJG Taquanta Feely
LT Angela Fellows
CAPT Suzan Gordon
MLLE Jayleen Gunn
CAPT Kis Hale
LCDR Osatcharnwen Idubor
LCDR Emily Ikahihifo
LCDR Omoye Imoisili
Nakitia Jackson
LT nancy lafferty
LTJG Brittani Martin
ENS Chelsea McFadden
LTJG Cory McKissick
CAPT Andrei Nabakowski
LCDR Henry Nettling
LT Megan Peck
CDR Nelson Reyes
LT John Rossov
LCDR Jason Schneider
LCDR Nailah Smith
LCDR Dereck Smith
CAPT John Whitesides
CAPT Emily Williams
Tekalign Wondimu
LT Rebecca Woodruff
LCDR Monique Worrell

COA Donations
Commissioned Officers Association of the USPHS Donations Received,
August 1 to August 31, 2019
CAPT Ruben Acuna
LCDR Jennifer Clements
Dr. Manuel Feliberti
CAPT John Gimon
CAPT Carl Miller
CAPT Joan Mueller
CAPT James Nixon
CAPT Betty Rufus
CAPT Richard Varner
PACE from page 1
4 million (~19%) received treatment. “Preventing Opioid Abuse and Addiction Among High School Students,” is targeted to high school students, parents, and teachers who may encounter teens and adults suffering from opioid addiction.

It is PACE officers like CAPT Isatu Bah, CDR Zanethia Eubanks, LCDR Nuri Tawwa b, LCDR Anna Zimmerman, and LT Jodi Blake who lead the way in actively preventing through community engagements that help promote, protect, and advance the health of our nation. If anyone is interested in learning more about PACE, please contact LCDR Jonathan Leshin at Jonathan.Leshin@fda.hhs.gov.

X FACTOR from page 10
Johnathan White (HSO); IHS Area Office Leading during a Funding Lapse - CDR Michael Verdugo (Pharmacist); and Coral Garner (Minneapolis Dept of Health). Offering a relaxed period to refuel and ask questions informally turned out to be successful component of the day.

Patrick Leddin, author and Franklin Covey Director of Strategic Partnerships, facilitated the afternoon session on the “Four Disciplines of Execution®.” Leddin guided participants through the 4DX process for identifying and executing on their critical priorities; by the close of the workshop, participants were able to apply the principles (focus, leverage, engagement, and accountability) to construct their own wildly-important goal to execute! The beauty of 4DX is its scalability, the ability to apply it to professional or personal areas of your life, and its straightforward method for tracking progress and adjusting actions.

Lastly, RADM Sylvia Trent Adams, PDASH, recapped the day into a motivational closing keynote address. She called on participants to take a personal inventory assessment, take accountability, and prepare themselves for the betterment of the Commissioned Corps. The planning committee hopes we were effective at providing leadership pearls and tools that could be implemented immediately, especially as we move forward with the Commissioned Corps Modernization. What do you need to work on? What is your wildly important goal? What will be your “X to Y by when?” Let’s discuss and compare scorecards in 2020! The leadership preconference workshop is tentatively scheduled for Monday, June 15, 2020, in Phoenix, AZ.

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