We Lost

I don’t like to give up. I don’t like to lose. Especially when it comes to representing the Commissioned Corps. But both of these occurred recently with regard to the Native American Veterans Memorial currently under construction by the Smithsonian Institution. I have never worked an issue so diligently in my entire career, yet in the end it didn’t matter, because we lost. As a result of our defeat, generations of Americans will visit the National Mall and see the Native American Veterans Memorial standing there, and conclude that officers of the USPHS Commissioned Corps are not veterans.

We have fought hard to get you recognized as veterans—as federal law says you are—and we have succeeded in some ways, including with the VA itself, where you (through COA) are represented on the Veterans Day National.

by CAPT Karen Munoz

On the evening of Saturday, July 20, 2019, the PHS celebrated the 221st anniversary of the origins of the modern-day United States Public Health Service (USPHS). On July 16, 1798, President John Adams signed an “An Act for the relief of sick and disabled seamen,” which is commonly considered the roots of our service. On January 4, 1889, the Commissioned Corps of the USPHS was established.

The 20 July event was a first-of-its-kind for the PHS: a formal ball structured like annual Birthday Balls held by all of our sister services. Over 210 individuals, including active duty members of the PHS, retired officers, and even a young nurse awaiting commission, attended the elegant celebration. The event was sponsored by the Commissioned Corps of the USPHS was established.

The evening began with a lovely cocktail hour. The weather on that summer day was a stifling 103 degrees, so the social hour, originally planned for the veranda, was moved indoors. Attendees were still able to venture outdoors for spectacular views of Arlington, including Arlington Cemetery, and the Lincoln and Washington monuments. They were also treated to a view of the PHS Flag flying for the first time ever on the Army Navy Country Club flagpole.

When the doors opened, attendees got their first glance at the dining room, and the “oohs and aahs” could be heard throughout! Guests were greeted in a receiving line that included Assistant Secretary for Health (ASH) ADM Brett Giroir and his wife Jill, COA/COF Executive Director Col (Ret) Jim Currie and his wife Janis, and Commissioned Corps Headquarters Chief of Staff.

PHS officers and their guests enjoy the PHS Ball.
Ready Reserve Corps Legislation Is Moving

by John McElligott

It’s not often potential legislation comes along that directly impacts the USPHS Commissioned Corps. Whenever the stars align, we guarantee COA will be at the table and have a hand in the process.

Since HHS officials approached COA in July of 2018 to discuss support for efforts to re-establish a reserve component, we’ve been pushing hard for Congressional champions. The COA work, in conjunction with other public health advocacy organizations and partners in The Military Coalition, has paid off. Congress now has bipartisan, bicameral legislation under consideration. The Congressional Budget Office says the law would have no impact on direct spending.

Senate bill S.2629 was introduced on October 17 by Senator Mike Rounds (R-SD) and Senator Doug Jones (D-AL). On October 31, the bill was passed favorably out of the Committee on Health, Education, Labor and Pensions. No surprise there, since majority and minority committee staff were integral to crafting the language.

House bill H.R.4870 was introduced on October 28 by Rep. Michael Burgess (R-TX) and Rep. Anna Eshoo (D-CA). The bill will be debated in the Committee on Energy and Commerce.

COA led the way in coordinating letters of support from public health advocacy organizations like the American Public Health Association, Association of State and Territorial Health Officials, and American Indian/Alaska Native Health Partners, just to name a few. Fellow members of The Military Coalition also support our efforts to secure congressional support for the bills.

Few days remain on the congressional calendar to pass the bills and get them signed into law by the end of this session of the 116th Congress. COA is confident Congress will act, securing a future for the USPHS Commissioned Corps in which the service can leverage a reserve component and better respond to emergencies.

Baltimore COA is proud to offer the 75th Anniversary PHS Nursing Coins, commemorating the recent Nursing Gala, and the 75th anniversary of the founding of the Cadet Nurse Corps, the precursor of PHS Nursing! 

Write to COASpirit4PHS@gmail.com to find a POC near you, or to place a mail order.

Mailing costs $4 for one, $5 for two, $6 for three coins.
What’s Your Listening IQ?

Why Listening to Patients is A Crucial Element of Providing Good Care

by CDR Beverly Weitzman, PharmD

It took nearly an hour, though it seemed much longer, for me to finally convince the hospital staff to provide the medication my son takes to control one of his two autoimmune conditions. I’d rushed him to the emergency room during a flare of Crohn’s Disease and in my haste to get to the hospital, I had forgotten to bring along medications used to control his other autoimmune condition, Eosinophilic Esophagitis (EE).

Eosinophilic disease is sometimes treated with the unconventional use of a steroid inhaler—in this instance Flovent HFA (fluticasone propionate). Flovent is indicated for the long-term management of asthma and COPD and patients are directed to place the device mouthpiece fully into the mouth and to breathe in deeply and slowly, hold one’s breath for about 10 seconds before breathing out slowly. This gives the medicine time to settle in the airway and lungs.

When prescribed for eosinophilic disease, however, the instructions for use are quite different. EE patients are directed to swallow, but not breathe in the medicine. The spray is swallowed so that it will coat the esophagus. A spacer designed to maximize airflow, often used for asthma or COPD patents, is not used in this instance.

Yet there in my son’s room was a member of the hospital staff, medicine and spacer in hand, refusing to allow my son to use the medication unless it met with hospital protocol—administration with spacer by staff. Repeated explanation by an informed patient (my son) and his pharmacist mother (me) were of little avail.

In the end, with some bureaucratic escalation, I prevailed, but I began wondering how less educated, or less assertive, patients would have fared under similar circumstances.

Many Commissioned Corps officers provide direct patient care, either in their regular duty stations or while on deployment. In either instance, officers who can and do share their expertise should also be prepared to listen to those they care for.

WHAT YOU CAN DO TO LISTEN BETTER IN A CLINICAL SETTING

Face patients and maintain eye contact.

Try and put patients at ease.

Respect patient personal experiences.

Keep an open mind.

Involve patients in treatment decision-making.

Patient input as a critical part of the caregiving process has been a much-discussed topic in recent years, yet the pressures of time, or rigid adherence to a traditional paternalistic model of medicine (i.e., not considering patients as partners in their own care) risks overlooking “unusual” presentations or situations that fall outside the familiar or “norm.”

As reported by WebMD, a recent study found that 75% of doctors believed that they communicated satisfactorily with those in their care. Yet only 21% of the people treated by those doctors said that their talks went well.

A growing body of research suggests that a lack of productive communication between patients and caregivers contributes to ineffective or inappropriate care, or even fatal errors. In 2001, the Institute of Medicine (IOM) established patient-centered care as one of its six aims for the health care system.

Fortunately, numerous initiatives are now at work throughout the health care landscape to transform the paternalistic model where patients and family members feel that their questions, concerns or preferences are ignored or never sought. A stated objective of the Healthy People 2020 effort is supporting shared decision-making between patients and providers.

The incident with Flovent was not the first time I encountered a situation where I needed to convey “unconventional” information to a provider reluctant to listen.
November
COA Board Chair

Big Changes Coming

by CAPT Karen Munoz

There are some big changes coming up in the next several months for your Commissioned Officers Association and Foundation.

Leadership

As you already know, Jim Currie is retiring next spring - and those are going to be some big shoes to fill. You may also know that John McElligott recently relocated out West. Well, John has found an amazing opportunity for career growth out in Arizona, where he has decided to settle. So, alas, we are going to be saying goodbye to our very capable and dedicated Deputy Director as well. This pair of men have accomplished more than you can ever imagine. Their commitment has been incomparable, and I am honored and humbled to have worked with both of these men.

So, where do we go from here? Well, a search committee comprised of experienced members of both COA and COF boards has been formed. The committee will be engaging the services of an Executive Search firm, because the task of finding the most highly qualified person to lead COA/COF into the future is something that none of us can do in our “spare” time. It is too important. We will be sure to share important updates with our membership, as we are here to serve you.

As hard as it has been to accept their impending departures, we are committed to finding an outstanding leader who believes in our service as much as Jim and John do. The office staff at COA are going to be our rock over the next several months, as they hold the office together on a day-to-day basis, and will continue to so.

Membership Database

After many years, a decision was recently made to move to a different platform for membership management - a new database has been utilized since July of this year. One thing you may notice is that you now have the option to choose auto renewal. This means that you won’t have to remember to renew your membership every July. If you do choose, it will auto-renew for you until you opt out of doing such. Many of you have asked for this through the years, and we hope you take advantage of this convenient feature. If you choose this option, you need to remember to keep your Local Branch affiliation updated. Life membership is always an option for membership, but you will still need to pay your Local Branch dues on an annual basis.

To leaders of the Local Branches, you don’t yet have the capability to look up your branch membership in the new database, so please reach out to Donna Sparrow at DSparrow@coausphs.org for assistance until this functionality is available.

Email updates requested

Finally, we would like to ask you for your help with another change. We need our members to update their profiles with a personal/civilian email rather than a government email. This will help serve two purposes. First, it will help us keep in contact with you regardless of any duty station changes throughout your career. We often lose track of folks when they PCS; this will help remedy that issue. Second, it ensures that when COA emails you via our list serve, we are using your non-government email, as COA business is not usually considered official government business.

Remember, the HHS Rules of behavior state that, “When using and accessing HHS information resources and systems, [you] understand that [you] must ‘Limit personal use of information...
New England Branch Continues to Honor the Fallen through the Boston Tough Ruck Marathon

We Ruck for Those Who Cannot

by LCDR John Mistler

On April 14, 2019, the New England Branch of the Commissioned Officers Association (NECOA), along with participants from all seven uniformed services, firefighters, EMS, police and civilians, gathered before dawn to undertake the demanding 26.2-mile Boston Tough Ruck Marathon course. This year’s Tough Ruck Marathon consisted of approximately 1000 participants in several race divisions, all carrying weighted ruck sacks, most in full battle or operational dress uniform. On April 15, 2013, Boston Tough Ruck Marathon participants rushed to join first responders helping those injured by the horrific act of terror at the Boston Marathon finish line. The Boston Tough Ruck Marathon has been held each year since that tragic day to honor fallen service members and first responders, as well as to support military families in times of need. This is the first official event of the Boston Marathon weekend, which is considered an unofficial holiday for the Boston area.

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

The NECOA team was extraordinary! All participants finished, and many were in the top of their race divisions. More importantly, the entire event helped raise over $825,000 for the families of the fallen and other military families in need. The team exemplified comradery and leadership by encouraging and helping each other and fellow “ruckers” throughout the event. The team consisted of: CAPT Robyn Coons, CDR Stacey Degarmo, LCDR John Mistler, LCDR Mark Arena, LCDR Jennifer Lee-Ramos, LCDR Sara Rasmussen, LCDR Julie Cure, LCDR Kristian Jackson, LT Chelsea Makovitz, LT Sean Marcisin, Stephanie Poitras, and Garrett Poitras.
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Aurora Borealis Branch Supports Marrow Registry Drive in Anchorage

by CDR Anne Marie Bott

The Anchorage Native Medical Center (ANMC) held its annual marrow donor registry drive on October 1, 2019. Alaska Native and American Indian people are underrepresented in the donor registry, comprising less than one percent of the registry, making events like this valuable for the community.

The Aurora Borealis Branch of the COA volunteers annually at the booth. Twelve USPHS officers from the Aurora Borealis branch of the COA staffed the booth along with “Be the Match®” volunteers. Volunteers included pharmacists (CDR Anne Marie Bott, LCDR Erin Naber, LCDR Michelle Locke, CAPT Kara King, LT David Moore), a dentist (CDR Rodica Popescu), nurses (CDR Coleen Fett, LCDR Deirdre Abellada, LCDR Kristin Lecy, LT Heather Wheelock, and LT Gina Ryan), and a crisis clinician (CDR Darrel Hamel).

On the day of the event, volunteers registered thirty-nine potential donors and educated many more about marrow donation. The Aurora Borealis branch is honored to assist in this important public health initiative. This is the seventh drive its supported and looks forward to supporting the event again in 2020.
Out of the Darkness Community Suicide Awareness Walk

by LCDR Liza Soza and LCDR Sarah Maynard

On September 15, 2019, the St. Louis (STL) chapter of the Commissioned Officers Association (COA) participated in the American Foundation for Suicide Prevention “Out of the Darkness Community Walk” in Madison County. September is National Suicide Prevention Awareness Month, a time to share resources and stories in an effort to shed light on suicide. It is a difficult topic because of the taboo and stigmatism from society.

Did you know that veterans have double the suicide rate of the non-veteran population? With 279 registered walkers, our little town came together to raise $15,832.00 for this important cause. We walked to save lives and bring hope to those affected by suicide. We have all heard stories in the past of friends and family members who have had to navigate the loss to suicide of someone they loved and cared for.

During the event, the lead speaker shared about her brother being the most caring and loving person, who without warning took his life. It is extremely difficult to know what others are thinking and feeling, when they are depressed, or when they have hit rock bottom and might be considering suicide. Prior to the walk, children and adults painted hopeful messages such as “you are loved” and “find your light” onto rocks that people could take home as a remembrance of the day. At the park was

Suicide continued on page 9

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UNIVERSITY of SOUTH FLORIDA
Recruiting and Outreach

by LCDR Jaime Altman & LT Kellie Leveille

We represented the USPHS SR COSTEP and Federal Bureau of Prisons (BOP) at the Dominican College career fair in Orangeburg, NY. This on-campus event afforded us the opportunity to meet face-to-face with over 250 students and job seekers to recruit for the USPHS and BOP.

Working as an NP and RN for the BOP we’ve seen first-hand the continued struggle to recruit and retain health professionals. For most, information regarding correctional medicine is not a well-publicized career path. Traditional hospitals and doctor’s offices are commonplace in our daily lives and community and are where students typically search when job hunting. Our recruitment strategy was to overcome negative preconceptions and allay any initial apprehensions of employment in correctional medicine, as well as discuss the expectations and duties of a USPHS officer.

We created an eye-catching booth with the intent of being impactful and attracting students. When speaking with interested students, we responded to concrete questions such as salary, benefits, vacation time, work-life balance, etc. But, to really stimulate student interest into a seldom considered field, we focused in on what the Corps and BOP can offer that no one else can.

We asked students about their clinical interests and explained that correctional health care includes exposure to a wide variety of physical and mental health conditions. We shared our personal stories to exemplify why our mission matters, how we directly impact the underserved population, and the great potential for advancement while serving. Advancement and career growth include geographical movement and the opportunity to relocate to any of the BOPs 119 locations, which is encouraged and supported. This is a unique quality that very few employers can offer.

As a prior SRCOSTEP, we recognize that most are intimidated by the daunting government application process. We explained what to expect from the on-boarding process, and highlighted the availability of support, mentorship and duty locations. Nearby recruiters who heard our pitch approached to obtain information for themselves or their children. We accepted paper resumes, informing interested graduates that we would pass along their resume and call to follow up. LT Leveille also emailed a follow up thank you note to each student we met with, whether or not they were interested in the Corps.

Overall, our efforts were successful. We achieved our personal goals of getting students to stay open-minded about an untraditional career path. We were able to expand interest in the field of correctional medicine and to establish the PHS and BOP in the community as a unique and rewarding career path.

SUICIDE from page 8

Hope bridge on which participants left touching messages for those they have lost to suicide (see Figure 3). This helped bring closure and peace. Children made hope bracelets with different color strings, each color representing a family member, friend, colleague, or anyone they may know or have known who was struggling with a mental illness. Informational awareness and crisis resources were shared amongst groups. There was an honor bead for everyone. Each color showed a personal connection to the cause and helped identify others with the same experiences. While it is important to address suicide prevention year-round, suicide prevention awareness month provides a dedicated time to come together with collective passion and strength around a difficult topic. We can all benefit from honest conversations about mental health conditions and suicide, because just one conversation can change a life! Resources are available, you are not alone, it is free to call 1-800-273-TALK or text the Crisis Text Line (text HELLO to 741741).
CDR Nikhil Thakur, who has become recognized for his voice talent and uncanny ability to capture the audience’s attention, improvise, and keep an event running smoothly, served as the incomparable emcee for the evening. After opening formalities, a moving invocation was provided by RADM Brandon Taylor. Then, a round of formal toasts commenced. Next, the crowd was treated to an inspiring video Birthday Message from 17th Surgeon General VADM (Ret) Richard Carmona. Then came one of most exciting moments of the evening, as the inaugural PHS Birthday Cake was revealed to the delight of the crowd. A cake-cutting ceremony honored the passing of wisdom from the highest ranking to the most junior officer, and from the most seasoned to the most recently-Commissioned officer in the room. We sang “Happy Birthday” and the “PHS March,” as the mood in the room was festive, fun, and fabulous!

As the evening continued, celebratory remarks from ADM Giroir garnered enthusiastic applause. Then, as an elegant dinner was served, RADM Scott Giberson reinforced the importance and meaning of our PHS Mission. The remarks from our esteemed leaders filled the room with palpable pride.

As attendees enjoyed their dinner, a very special treat was provided: Tango dancing! We thank CDR Jose Ortiz and members of the DC Tango Community, Natasha, Wonseon, Rick, and Jose for this elegant entertainment. This was followed by a video highlighting some of the professional categories within the USPHS. Special thanks to CAPT Daniel Singer, who compiled and produced the video, and to all the officers who recorded segments for the video, including CAPT Daniel Singer, CAPT Judy Thompson, CDR David Good and LCDR Laura Annetta. (A video segment was also recorded by a group of IHS Dietitians, but it did not end up in the final version of the video due to technical problems.)

After a round of rousing category chants and cheers, our current COA Chair CAPT Karen Munoz was invited to the podium to thank all the dedicated officers that volunteered to make the evening a reality. CAPT Munoz then performed a heartfelt “spoken word” poem illustrating to fellow PHS Officers that “YOU FIGHT, TOO!”, and you deserve all the honor and recognition that the Armed Forces receive.

What a memorable and wonderful evening the Inaugural PHS Birthday Ball turned out to be… we hope all in attendance had the time of their life - indeed, we hope you had a BALL!

Thanks and recognitions:

The Executive Planning team included CAPT Karen Munoz, CAPT Josef Rivero, and CAPT Malaysia Gresham-Harrell. The volunteer planning team, which worked for over eighteen months to make this dream come true included CAPT Todd Lennon, CAPT Brett Maycock, CDR Julie Erb-Alvarez, CDR Kun Shen, CDR David Muni, LCDR Kevin Kunard, LCDR Melanie Webb.

The impeccable decor and Birthday cake were spearheaded by CDR Kimberly Scott. A team of hard-working officers arrived early to help with set up and decor, including CDR Akara Ingram, LCDR Latasha Turner, LCDR Katie Watson, LCDR Tyhis Coates, LCDR Ick-

Ho Kim, LT Alesha Harris, LT Tonya Jenkins, and LT Relia Atienza served as the Aide to ADM Brett Giroir for the evening. Many thanks to CDR Nik Thakur for serving as the emcee, and to CDR Patricio Garcia for unexpected and generous logistical support.

We sincerely thank our honor guard volunteers including CDR Kun Shen, LT Iman Martin, and others. We offer sincere gratitude to a volunteer mens’ quartet which sang the National Anthem: CAPT Brian Lewis, and CAPT Josef Rivero, CDR Michael Ahmadi, LCDR David Shih.

We are also grateful to numerous generous donors who supported the event, and the District of Columbia Commissioned Officers Association. Finally, if we forgot to mention anyone who assisted in any way, please accept our apologies and sincere thanks.

Happy 221st Birthday PHS!
USPHS Pharmacist Aids Venezuelan Migrants in Central and South America Aboard U.S. Navy Ship Comfort

by LCDR Karla Valles

On June 14, 2019, United State Navy Hospital Ship USNS Comfort deployed from Naval Station Norfolk for a five-month mission in support of partner nations and in response to the regional impacts of the Venezuelan political and economic crisis. Aboard were nearly 1,000 personnel of the United States Navy, Army, Air Force, Marines, and Public Health Service, along with partner nation military personnel and civilians, and Non-Governmental Organization (NGO) personnel. This multi-cultural and multi-disciplinary team demonstrated the commitment of the United States, through U.S. Southern Command, to continue promising humanitarian assistance through friendship, partnership, and solidarity with the peoples of the Americas.

USNS Comfort personnel were eager to serve the mission of relieving pressure on national medical systems strained by an increase in Venezuelan migrants, through providing medical care aboard and ashore. The oppressive regime of Nicolás Maduro has caused the economic and social collapse of Venezuela, which is now considered a failed state. Healthcare has become a luxury, often overlooked due to the dire need for basic necessities such as food and water. It is estimated that over three million Venezuelans have fled their homeland, marking the largest recorded refugee crisis of the Americas. This has caused healthcare systems of nearby host nations, which were already stressed, to exceed capacity, with some regions of South American countries declaring a state of emergency. The United States has since stepped in as a leader to offer a continued promise to the Americas, by way of deployment of the USNS Comfort, providing medical services, including optometry, family practice, women’s health, dental, pharmacy and surgical care.

Aboard USNS Comfort was LCDR Karla Valles, a pharmacist with the United States Public Health Service. She joined five fellow pharmacists and led fifteen technicians to perform the day-to-day operations of the pharmacy department on the ship, the largest Navy pharmacy on the Hampton Roads waterfront. The pharmacy provided inpatient, outpatient, and emergency pharmacy services to foreign nationals, sailors, soldiers, partner nations, NGO members and other service personnel. Her fluency in both Spanish and English were critical to significant quality improvements in medication labeling, patient counseling, and partner/host nation relationships and communication. The pharmacy staff were responsible for the maintenance of twelve medical trays which served a 100-bed hospital ship capability and over 694 pharmacy line items valued at $2.5 million. While aboard, LCDR Valles supported the packaging of over 350,000 prescriptions, preparation of 300 intravenous medication therapies, and set-up and tear down of six medical site pharmacies across three mission stops.

The entire ship’s dedication to offering aid in the form of pharmacy and medical services to foreign nationals, particularly Venezuelan migrants and underserved communities in Ecuador, Peru and Costa Rica, significantly improved access to healthcare in the Hispanic community and left an unforgettable impression on patients they served and colleagues with whom they worked.
EXECUTIVE DIRECTOR from page 1

Committee (https://www.va.gov/opa/vetsday/vdnc.asp), you can obtain a Veteran ID Card from the VA (https://www.va.gov/records/get-veteran-id-cards/vic/), and you can get a bronze tombstone marker if you are buried in a non-VA cemetery (https://www.va.gov/burials-memorials/memorial-items/headstones-markers-medallions/). But we lost with regard to the Native American Veterans memorial.

To refresh your memory, a 1994 law allows the Smithsonian to construct a memorial to honor Native American veterans. (I'm still not sure why the Smithsonian was charged with building this memorial, rather than the VA). The law used the term "veterans of the armed forces," but it was clear to me from reading and analyzing the legislative history of the law that this was a mere drafting error and could be ignored. The intent of the drafter of the law was clear: to honor all Native American veterans. In June 2018 the Smithsonian announced the design of the memorial. It included the logos of the five armed services, leaving out both the USPHS and NOAA. I thought it would be easy to get this omission rectified and sent a letter to the Smithsonian. They did not respond, so I sent another. They finally replied and said they were not changing the design. That's when we started our campaign in earnest.

Beginning in late June 2018, we sent no less than forty-three letters from COA to the Smithsonian, to news media outlets and organizations, to members of Congress and Congressional committees, and to members of the Board of Regents of the Smithsonian. We addressed ourselves to two Secretaries of the Smithsonian, including the current one who did not give us the courtesy of a response to the three letters we sent him. I had a letter published in The Washington Post, and an OpEd in Military.com. We generated a story that Voice of America released to 275 million people all over the world. No fewer than five high-ranking Native American Commissioned Corps officers sent heart-felt letters to the Smithsonian asking them to include the USPHS in the design. Health and Human Services Secretary Alex Azar sent a terrorific letter to the Smithsonian Secretary stating that the language of the 1994 law was broad enough to allow inclusion of the USPHS in the memorial's design. Most of these communications can be found on the COA website at https://coausphs.org/page/LettersandNewsMedia under "Native Americans."

We wrote three times to the Commission of Fine Arts, which has to approve the design of all federal monuments in the District of Columbia. They did not give us the courtesy of a response.

We addressed letters to all of the Regents of the Smithsonian, who are distinguished members of Congress and the private sector, the Supreme Court (Chief Justice Roberts), and the Executive Branch of government (Vice President Pence). No one replied to us.

We did everything we could to get the news media to cover this omission, reaching out to The Washington Post, the New York Times, and National Public Radio, to two WAMU Radio programs-"A-1" and "The Kojo Nnamdi Show"--without success. No one was interested in the story.

We went to staff for six committees of the Congress and several additional members of Congress. I spent my own money to attend a fundraiser for a member of the House of Representatives who could have helped us, but who chose not to do so. We wrote to the National Congress of American Indians, an organization that is mentioned in the 1994 legislation, and asked them to reach out to the Smithsonian about honoring their fellow veterans. Three letters to them went unanswered.

It's probably the members of Congress who disappoint me the most. For reasons we still do not understand, Sen. Brian Schatz (D-HI) decided to become the opposition to us on Capitol Hill. We think it may have been one of his staffers who set him on this path, but he became an opponent of including the USPHS and NOAA in the memorial. When we worked with NOAA to get language in a Maritime Administration authorization bill to correct the initial error in the 1994 language, Sen. Schatz got the language removed. We reached out to the twenty-eight members of the Commissioned Corps currently serving in Hawaii and asked them to contact Sen. Schatz on our behalf. So far as we know, none of them did so.

The greatest disappointments were two members of the Maryland Congressional delegation. We had given the 2017 Congressional Public Health Leadership Award to Sen. Chris Van Hollen (D-MD), so we knew him and his staff. Maryland has more USPHS officers assigned to it than any other State, so he had every incentive to help us. NOAA headquarters is in Maryland, as are USPHS headquarters and Indian Health Service headquarters. It may be that his staff never told him of our requests, but he apparently did nothing to help us.

Same with Rep. Jamie Raskin (D-MD). I had been working with Rep. Raskin's staff for more than a year, but when I attended a fundraiser for him on a Sunday afternoon in June 2019 and broached the issue with him, it was clear that he had never heard of it. I had five minutes with him before anyone else arrived at the fundraiser, and I was able to fill him in on what we were trying to do. He promised to help us, then he apparently did nothing, though he is on the Smithsonian's oversight committee in the House. It is likely that one phone call from either of these two members of Congress could have swayed the Smithsonian. What a disappointment. If you ever get to speak with one of these elected officials and are of a mind to do so, you might ask them why they deserted the PHS in its hour of need.

I offer this as an object lesson for the Commissioned Corps. Even as this is being written (October 2019), the Smithsonian is building away on the memorial. It will stand there on the Mall forever, telling future generations of Americans yet unborn that USPHS officers are not true veterans. Indeed, the Smithsonian took it upon itself to establish two tiers of veterans where such does not exist in law. As I said in some of my writing on this subject, the Smithsonian is really good at identifying a new species of dinosaur, but it has no expertise whatsoever in determining who is a veteran and who is not. Yet, it decided which veterans would be honored in this memorial and which would not, ignoring both federal law and the Veterans Affairs Department, which knows and understands your status.

This episode demonstrates, as if we needed to have it rubbed in
I was also disappointed that some COA members thought that the only people who should be interested in our efforts on this issue were Native American. While Native American members of COA clearly had great reason to be concerned about this memorial, every Commissioned Corps officer had a stake in how this turned out. We thank and commend Secretary Azar for his initiative in sending an excellent letter to the Smithsonian. We thought that Vice President Pence, as a member of the Board of Regents of the Smithsonian, could have corrected this injustice with one phone call. We sent him a letter, but we don’t know that it ever reached him, and we never got a response.

As I said in the beginning of this column, I don’t like to lose, and I don’t like to quit. Both of these happened in this instance. The repercussions of this issue are significant. I regret that I didn’t do a good enough job of explaining the importance of the memorial design to those who mattered. This defeat will stand forever as my greatest loss as your Executive Director. I hope it is never repeated, for anyone had proposed building a World War II memorial and leaving out the Marine Corps, they would have had their head handed to them. But there was no public outrage at this incredible insult heaped upon the Commissioned Corps of the USPHS. The usual news media outlets didn’t even see it as worthy of a story. Members of Congress didn’t want to do anything on your behalf, and one of them even worked actively against you.

I am very disappointed, and I am second class and unworthy of proper respect. I honestly do not know what was going on with the Smithsonian or the folks who could have helped but chose not to do so. If anyone had proposed building a World War II memorial and leaving out the Marine Corps, they would have had their head handed to them. But there was no public outrage at this incredible insult heaped upon the Commissioned Corps of the USPHS. The usual news media outlets didn’t even see it as worthy of a story. Members of Congress didn’t want to do anything on your behalf, and one of them even worked actively against you.

What all of this comes down to is pretty simple: Public service is a public trust. I’ve long believed that there are many folks hiding among the government who believe the USPHS is not a worthy entity. So, if you are on active duty, your first obligation is to prove your value to your agency and primary duty station. But, I digress… just give us your personal email and we are all set. Please log in to your COA account and update the email field. It’s not hard to do.

Thanks to all of you for your continued membership and service. Let’s weather these changes together, with a shared commitment to the absolute success of OUR very own Commissioned Officers Association, so that it may continue to support you and your Service far into the future.

### LISTENING

Providers often use “sed rate” (erythrocyte sedimentation rate, also known as ESR) to assess the presence of inflammation in the body. ESR is a blood test that measures the rate of fall (sedimentation) of red blood cells (erythrocytes) in a sample of blood placed in a tall vertical tube. Increased sed rate can indicate the presence of inflammation, common in autoimmune conditions.

However, ESR has never been a reliable indicator of whether my children’s autoimmune conditions are active, a circumstance that their regular providers are familiar with but that often requires multiple attempts at conveying this information to providers in urgent or emergency department settings.

When on deployment responding to crises, Commissioned Corps officers frequently encounter patients and others in urgent, anxious situations. There may be little opportunity to obtain a comprehensive patient or family history. In those instances, it is important to remember that while officers bring a wealth of knowledge and experience to providing excellent care, it is critical to listen—and hear—what the people they are serving have to say.

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**Pikes Peak COA Volunteer Event/ Catholic Charities**

by LCDR, Selena Bobula, LCDR Narisa Tappitake, and LT Courtney Wood

The Pikes Peak COA branch enjoyed a morning of fellowship this past September by serving delicious warm meals to families and individuals of the Colorado Springs community. The Marian House, sponsored by Catholic Charities of Central Colorado, offers multiple services to people in need, including family support services, case management services, and the soup kitchen. Pikes Peak COA branch members volunteered for a weekend meal to support the Soup Kitchen’s daily operations. In that one morning, 726 people received a warm meal.

The Marian House Soup Kitchen is open every day, with a mission of serving a nutritious and free hot meal to anyone who comes to the facility. Guests at the soup kitchen include families, seniors on fixed incomes, persons with disabilities, veterans, and homeless teens and adults. Pikes Peak COA officers were grateful for the chance to promote the health of our nation at the local level.
PHS Commissioned Officers Foundation
Donations Received, October 1 to October 31, 2019

**Founder’s Society ($2,500)**
CAPT Amy C. Barkin, Ret.

**Gold ($500)**
RADM Helena O. Mishoe, Ret. &

**Silver ($250)**
RADM George A. Raich, Ret. ^

**Bronze ($100)**
CAPT Maria D. Benke ^
RADM William R. Maas, Ret.
CAPT Tommy L. Mosely, Ret.
CAPT Richard M. Taffet, Ret.

**Friends (Under $100)**
CAPT Mark A. Anderson
Mrs. Carol Della Penna
Mr. Stephen Deming
CAPT George A. Durgin, Jr., Ret.
CAPT Peter I. Hartsock, Ret. ^
CAPT Peter I. Hartsock, Ret. +
CDR James L. Kenney, III
CAPT Michael Kennedy, Ret. #
CDR Geoffrey T. Wachs, Ret. ^

^ C. Everett Koop Living Legacy Fund
# Dependent Scholarship Fund
+ Disaster Relief Fund
& Mishoe Believe Scholarship
All other donations were made to the COF General Fund

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**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!

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**We Welcome New Members of COA, October 1 to October 31, 2019**

LT Mahmoud Abouraya
Mr. Paul Bastianelli
Ms. Katie Billings
CDR LaToya Bonner
Ms. Kaitlin Bredenkamp
LT Marilee Chapman
LT Jorge De Leon
Ms. McKayla Duesler
LCDR Brigette Gleason
Ms. Maryam James
Ms. Tonya Jenkins
Ms. Roland Johnson
LCDR Timothy Koch
Mr. Lucas Kosobuski
Ms. Kally Kvidera
Ms. Hanna Loxtercamp
LCDR Jon Manwaring
Ms. Katherine Mendenhall
LCDR Alfred Murphy
Ms. Jennifer Nelson
Mr. Stephen Nyegaard
Mr. Mattea Olkonen
Mr. Tianna Perosino
LT David Pinkerton
LT Alexandra Podosek
Mr. Luc Robichaud
CDR Mandie Smith
Ms. Jessi Thunder
Ms. Julianne Tieu
LT Tiffani Turinski
Ms. Michelle Ann Wasan
Ms. Kathleen Weber
CDR Beverly Weitzman
LT Bryan Wilson
CDR Derrick Wyatt
LT Shannon York
Mr. Sim Youk
LT Jennifer Young
Ms. Sarah Zahirudin

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**COA Donations**
Commissioned Officers Association of the USPHS Donations Received,
October 1 to October 31, 2019
CAPT Jonathan Dando
CAPT Peter Hartsock
CAPT Karen Herbelin
Officers, staff, family, and friends gathered at Tsehootsooi Medical Center for a promotion ceremony on September 11, 2019, to celebrate the promotion of three local officers. Promotion is a reward well deserved by these officers for their hard work, dedication, and discipline. CAPT Mylene Santulan, CDR Patrick Cunningham, and LCDR Cameron LaChappelle were recognized for their promotion during the ceremony. Below is information about each officer.

CAPT Mylene Santulan is a dental hygienist at Tsehootsooi Medical Center Dental Department. She serves in a full-time clinical role with collaterals as an educator, public health advocate, supervisor, and oral health program manager for the department and the Indian Health Service. Her experiences encompass twenty-five years as a dental hygienist with almost eleven years serving at TMC as a Commissioned Corps Officer of the US Public Health Service.

CDR Patrick Cunningham originally entered active duty in 1986 as an Army Medic assigned to 3rd Infantry, Germany. CDR Cunningham returned to active duty in 2007 at Tsehootsooi Medical Center as a Registered Nurse. Duty stations include Tuba City, USP Marion, IL (BOP), Houston, TX (ICE), then returning to TMC in 2018. USPHS deployments include Hurricane Ike (2008) and Hurricanes Harvey & Maria (2017).

LCDR Cameron LaChappelle is originally from the Four Corners area and grew up in Mancos, CO. He has served as a commissioned officer in the Navajo Area for over four years as a pharmacist. LT LaChappelle enjoys mountain biking, hiking, and camping in the surrounding area.

Congratulations to each of the above officers promoted for their hard work, dedication to their profession, and commitment to the United States Public Health Service.