Junior Officer Awards Recipients

The PHS Commissioned Officers Foundation for the Advancement of Public Health is pleased to announce the recipients of scholarships made possible through a generous donation from the Carruth J. Wagner MD Foundation. These scholarships for active duty USPHS Junior officers at the pay grade of O-4 and below provide funds to officers who are seeking either a master’s degree or certification in nursing, public health, or a leadership field. The scholarships recognize the leadership of RADM Carruth J. Wagner MD and his mother, Mabel May Wagner RN, and are intended to develop future health leaders for our Nation. The Carruth J. Wagner MD Foundation, in memorializing the legacy of RADM Carruth J. Wagner MD, and his mother, Mabel May Wagner RN, invests in the development and education of future public health leaders.

The Carruth J. Wagner awards program is managed by the PHS Commissioned Officers Foundation for the Advancement of Public Health whose mission is building leadership in public health through advocacy, education, research, partnerships and program support.

Mabel May Wagner RN Award

LCDR Natasha Kormanik, Nurse Category, post-masters Nurse Practitioner certification ($4,000)

Carruth J. Wagner MD Awards

LCDR Ashley Burns, Pharmacy Category, Master of Public Health, $4,000

LCDR Jessica Fox, Pharmacy Category, Master of Business Administration with Leadership Certificate $3,980

LCDR Abby Mozeke-Baker, Nurse Category, Master of Public Health Administration, $4,000

LT Courtney Wood, Therapist Category, Certificate in Early Education Leadership (CEEL), $2,685

A Perspective on Mercy

What COA Has Done for You Lately

BLUF: Without your membership and the membership dues that support our work, the Commissioned Officers Association (COA) could not have successfully lobbied Congress to save your expiring leave.

That’s the bottom-line up front. Lobbying takes money. Advocacy at the level we needed to push the expiring leave issue through Congress does not come without cost. Initiatives of this caliber take a seasoned consulting firm with multiple contacts on Capitol Hill to schedule meetings with key Congressional offices and committee staff to allow COA to tell your story.

When we at COA first heard from you about the problem of expiring leave, we jumped into action with the urgency it required. COA immediately contracted with an experienced lobbyist who had the contacts and to quickly schedule meetings with key policymakers. Each meeting she scheduled gave me the opportunity to tell members of the Senate and House Committee on Appropriations (both Majority and Minority), the Senate and House Subcommittee on Labor, Health and
COA Member Benefits

Capitol Hill Representation
Efforts on Capitol Hill continually support all Commissioned Corps officers – active duty and retired

Local Representation
COA Local Branches provide venues for meeting fellow officers and a forum for the discussion of issues within the Commissioned Corps

Newsletter
Newsletter reports on monthly activities and items of interest about the Corps & COA

Insurance Programs
Low-cost insurance programs that may continue as long as your membership in COA remains current

$7,500 for Online Degrees
$7,500 scholarships to earn online degrees, which include:
- MPH@GW
- MHA@GW
- HealthInformatics@GW
- MBA@UNC
- MBA@Simmons
- HealthcareMBA@Simmons
- IRonline (American)
- MBA@American

NYMC Online MPH
50 percent discount for the online MPH and certificate programs

Scholarship Program
College scholarships for children and spouses of COA members

Ribbon
Authorized to be worn on the PHS uniform by members in good standing when attending COA functions

Legislative Update
Public Health Infrastructure Bill

by Judy Rensberger

Senator Patty Murray (D-WA) has introduced S.4740, the Public Health Infrastructure Saves Lives Act, a bill to support public health infrastructure and boost CDC’s ability to help health departments across the country respond to COVID-19. Senator Murray is the ranking member of the U.S. Senate’s Committee on Health, Education, Labor, and Pensions (HELP). Her bill would establish a new grant program to address the underfunding of public health. Chronic underfunding, she says, has limited the ability of health departments across the country to modernize labs, update surveillance systems and informatics, and address the underlying health conditions that put many Americans at risk for COVID-19. Specifically, S.4740 would authorize CDC to award grants to state, local, tribal, and territorial health departments to make certain they have the tools and the workforce they need to address existing and emerging health threats. Before she introduced the bill, Senator Murray circulated a draft proposal to gauge

see LEGISLATIVE continued on page 11

Senators Patty Murray (D-WA) and Lamar Alexander (R-TN) of the HELP Committee.
Healthcare facilities across the United States have experienced a shortage of critical personal protective equipment (PPE). In response, the Centers for Disease Control and Prevention (CDC) published guidelines for decontamination and reuse of respirators to optimize supplies in healthcare settings which include the following strategies: “conventional” (everyday practice), “contingency” (expected shortages), and “crisis” (known shortages). To slow the shortage of N95 respirators, the contingency strategy introduced the concept of using an N95 for a prolonged period such as multiple patients instead of being discarded after each patient (conventional strategy). The guideline states that if the contingency strategy does not improve the burn rate of N95s based on supply and use, then the facility would utilize a crisis capacity strategy. This includes using respirators beyond the manufacturer-designated shelf life for healthcare delivery, using respirators that are similar to but not necessarily NIOSH-approved, limited reuse, and prioritizing use of N95s based on healthcare activity type.

To mitigate the increasing loss of N95 respirators with limited to no re-supply in sight, the Oklahoma City Area Indian Health Service proposed the use of the Battelle Critical Care Decontamination System (CCDS). The Haskell Indian Health Center was deemed the pilot facility in the area. The Battelle system allows for each respirator to be decontaminated 20 times, reducing the burn rate of N95 respirators. Using it, our service unit has saved greater than 600 N95 respirators over an 80-day period. On average, we are saving 225 N95 respirators per month by utilizing the decontamination program in combination with the limited reuse strategy. This strategy has maintained our burn rate at roughly 2% for small N95 respirators and 3% for regular N95 respirators, effectively upholding our inventory.

Implementation of a decontamination program required a team of four members which was adequate for our facility size. The team included logistics and infection control personnel to oversee coding, shipping, receiving, distribution, and data tracking. Assembling this team required consideration of current daily job requirements as well as individual strengths and special skills. Each of the four team members are cross trained and capable of performing any of the program duties. One such duty is packaging the used and potentially contaminated respirators as biohazard material for shipment by an express courier to the processing facility. Additionally, team members must complete inventory of returned respirators, accounting for decontaminated respirators in the burn rate calculator, and disseminating them to staff for reuse. In order to distribute and track respirators throughout the decontamination process it was necessary to develop a coding system. This allowed our team to collect data on the number of times each respirator was returned from decontamination and how many respirators have been saved over time.

The functionality of the decontamination program ultimately depends on the size of the facility. A larger facility (>50 on site employees), such as a hospital, would most likely require a team greater than four and additionally include representatives from each department to assist with distribution. Once the facility overcomes the logistics of implementing the program, the return benefit is significant PPE conservation. Overall, the decontamination system has been effective in decreasing the amount of N95s used during the COVID-19 pandemic, in turn, allowing staff at the Haskell Indian Health Center to continue providing patient care in a safe manner.
Calling Retired Officers to Engage with COF

by Rear Admiral Steve Solomon, MD, FACP, FIDSA, USPHS (ret.)

Active duty officers have already completed over 9,000 deployments during the COVID-19 pandemic, demonstrating their commitment and dedication to the nation’s health every day. In addition, there are thousands of retired USPHS officers who are working in local, state and Federal public health agencies, providing clinical care, teaching and doing research in academic institutions, working as executives and scientists in the pharmaceutical and health services industries, and working in their communities in a wide variety of roles. Some retired officers, like Dr. Anthony Fauci, have become global icons of scientific probity and service in the public interest.

Like Dr. Fauci, many of us who found rewarding careers in public health are recognizing the need to go one step beyond our current efforts. The public health system is under tremendous strain, following many years of cutbacks in personnel and resources. That the public health response has been more successful than we might have expected speaks directly to the extraordinary efforts of career professionals across the United States, prominent among whom are active duty and retired members of the USPHS Commissioned Corps. But it is not just a lack of resources and support that must be overcome. The scientific basis and policy credibility of the public health system are under siege, to an extent never seen before. Public health officials have been threatened at their workplaces and at their homes. Doubt has been cast on documented scientific findings. Public health recommendations of proven efficacy have been ignored and ridiculed. The public has been confused, sometimes deliberately so, and trust in the public health system has never been lower or more fragile.

The Commissioned Officers Foundation for the Advancement of Public Health (COF) was established in 2000 as a companion organization to the Commissioned Officers Association (COA) for the purpose of “building leadership in public health through advocacy, education, research, partnerships and program support” (http://www.phscof.org/mission-vision-and-strategic-goals.html). For 20 years, COF has pursued many worthwhile endeavors. We continue to provide scholarships and grants to active duty officers and their dependents. We provide grants to non-profit organizations for a wide variety of activities supporting public health efforts in communities across the United States. Each year, we sponsor the USPHS Scientific & Training Symposium, which draws over 1,300 attendees.

As the COF Board of Trustees considers our priorities for 2021, we are determining what our role should be in supporting the public health system to which we devoted our working lives. And we need your help. We want to engage with retired USPHS officers who are willing to work with us as we formulate our plans. Perhaps that will be in education to help overcome vaccine hesitancy for a proven effective COVID vaccine. Perhaps it will be in advocacy for a more robust public health system with greater protections for its scientific independence. Perhaps it will be in advanced training for active duty officers with the specific goal of promoting the next generation of leaders emulating Dr. Fauci. Or it could be an idea or a direction you have thought about and would like to be involved in pursuing.

If you’re willing to offer your ideas and get engaged with our work, please send us a note with your suggestions and contact information to Frontline@coausphs.org, with the subject line “Future of Public Health.” We hope to hear from you soon.
Many of us are feeling the strain of the coronavirus pandemic. The world around us seems engulfed in death. The death of so many people from this virus. The death of so many black lives. The deaths from natural and man-made disasters. The death of our way of living. The death of our feeling of safety and security. Fear and frustration are palpable. Many people have lost their jobs. Many rebel against the guidance of our leaders on how to protect ourselves and others. It is enough to make us stop wondering when this will all end and make us, instead, plead for mercy.

What does that even mean? What is mercy and why do we need it? This is an important concept for us to understand as USPHS officers because it helps us to endure the stress and trauma that we absorb and to encourage others to not lose hope. In other words, you must be well to effectively aid in the wellness of those we serve.

I encountered the word mercy in my divinity studies. In his article "Loving Kindness and Mercy: their Human and Cosmic Significance," John Cottingham researches the root of the term from the Bible, the Latin translation of the Bible known as the Vulgate, and the Hebrew Bible. All three texts note the physical nature of mercy. In the Greek of the Bible, the root of the verb is ta splanchna. In Latin, the root word for mercy is viscera. Both of these terms are used to describe the bowels or entrails. The Hebrew term takes this even farther using the term rahum which is a derivative of the term for womb. Cottingham explains that the point of using these biological terms is to convey to the reader that mercy is not a mere intellectual response. It is a “much more direct and immediate response in which the whole person is involved.” This deeply intense reaction means intentionally, and immediately, taking on the distress of others into your own body.

Why is this important to us as USPHS officers? We are regularly absorbing distress from those whom we serve. This is why we become holistically exhausted. I have talked to our staff following crisis events, and I came home physically, mentally, and spiritually drained. I can’t tell you how much it renewed me to smell barbeque chicken cooking when I walked in, and how amazing it felt to have my smiling teenager, who was cooking it, say “Hey Mom! How was your day?” As I melted onto the sofa to watch a cartoon and eat the delicious meal in front of me, I looked over at my child with tears in my eyes because I was so grateful for his presence and support. My response was not just felt in my mind, I felt it in my body physically. My total wellness meter was dangerously low, and I needed mercy. You see, when we extend mercy to others, we must refill that deficiency, or our own wellness will be at risk.

Why does the distress of others affect us so deeply? When we connect and absorb the distress of others, we become keenly aware of our own vulnerability. The knowledge that life is fragile shakes us to our very core. It’s all about survival. That’s why some people can’t visit hospitals or nursing homes, or even attend funerals. The reality of their own vulnerability is too much to absorb and acknowledge.

Unfortunately, this is not always the case. We can see this in the reactions of different people to social injustices. What happens in these cases, Cottingham explains, is “targeted altruism.” In other words, people will sometimes seek only to show mercy that impacts a small group rather than the whole. Again, this may be due to feelings of their own vulnerability.

As USPHS officers, we knowingly and willingly seek to absorb the distress of our fellow man. We accept the consequences by understanding it will cost us holistically each time that we respond. We look at our own vulnerability on a constant basis and that takes a toll on our well-being. That is why we sometimes cry out for mercy. Each of us needs a source to obtain mercy from so that we can, in turn, be merciful to others. We ARE a source of mercy, but we also NEED a source of mercy.

My hope is that you receive an abundance of mercy from your source today so that you may continue to be the amazing Corps officers the United States of America needs in these crises. You are all in my prayers. Please stay safe and well.
Donate to 42884

Please pledge a donation using CFC code 42884 and support the PHS Commissioned Officers Foundation for the Advancement of Public Health (COF).

Barclay-Giel Seed Grants: We provide over $100,000 each year to fund small projects in communities around the country.

USPHS Scientific & Training Symposium: The annual conference continues to offer free continuing education credits and many opportunities to network with fellow PHS officers while learning about advances in the field of public health.

JOAG/COF Koop Speaker Series: We host a series of talks with researchers and community-based organizations regarding a range of public health topics.

Carruth J. Wagner Public Health Leadership Grants: With the Carruth J. Wagner MD Foundation, COF supports scholarships for future leaders in the USPHS Commissioned Corps.

Mabel May Wagner Nursing Grant: In conjunction with The Carruth J. Wagner MD Foundation, we support a scholarship for Commissioned Corps nursing leadership development.

RADM Mishoe ‘BELIEVE’ Diversity Scholarships: These scholarships support high school seniors pursuing health sciences and public health collegiate studies.

COA Family Member Scholarship: Scholarships for eligible family members of COA members.

RADM Michael Fellowship: Scholarships for junior officers serving in the USPHS.

COA Local Branch Requests: From an annual golf tournament to run/walk events, COF provides financial support to a range of COA Local Branch community activities.

Shannon James, Esq
Law Offices of David P. Sheldon, PLLC
Worldwide Representation 202-552-0018

Addressing the Unique Needs of Commissioned Corps Officers
On July 9th I joined a 16-member USPHS Augment Team (PIMC AT-13) deployed to Phoenix Indian Medical Center (PIMC) in Phoenix, AZ. Our team was deployed to supplement the PIMC's staff as they were overwhelmed with high Corona virus (COVID) infection case. When we arrived to PIMC more than 90 PIMC staff members had already contracted COVID. The Intensive Care Unit (ICU) and the Emergency Department (ED) were operating at full capacity. Arizona was one of the states with highest COVID cases and daily infection rate in the country.

I was deployed as a Facilities Engineer. Upon arrival at PIMC, I met CDR Doug Barber, Acting Facility Manager, and talked about how I can support PIMC. My first task was to inspect code compliance of Airborne Infection Isolation Room (AIIR, commonly known as negative pressure room used to treat airborne infection patient) at PIMC that were used to treat COVID patient. For this inspection, I created a checklist and inspected nine designated AIIRs (Two rooms in ED, four rooms in MedSurge, a room in respiratory Therapy, a room in ICU and one in patient primary care clinic) and submitted a report on current status of AIIR. Report also identifies the items that needed to be looked into if in the future PIMC decides to renovate these rooms to make it compliant to current standards.

There was a concern within dental staff that with current ventilation system they may be vulnerable to contract COVID while treating asymptotic patient. Upon facility manager’s request I submitted a proposal to retrofit Heating Ventilation and Air conditioning (HVAC) system in dental annex and clinic to treat COVID patients and protect dental healthcare providers. The proposal included designs, labor and material estimates to redirect air flow per recommendations on CDC’s guideline for dental settings. Designs were based on report authored by CDR Scott Fillerup. PIMC is currently retrofitting dental HVAC system.

Upon Safety Department’s request I conducted an air flow assessment in Emergency Department to evaluated air flow direction and pressure relation between the trauma room, exam rooms, corridors, patient wait room and the staff rooms. I found a few areas with differential air pressure and air cross contamination issues. All of my observations, analysis, and recommendations were compiled into a report and submitted to the facility manager. I created a Contaminant Flush Time diagram for ICU, MedSurge and ED for the Safety Department. This diagram provided wait time information to the housekeeping staffs before they could enter to clean the COVID patient treatment rooms. It will also reduce the training time for new house keeping employees.

I also conducted the airflow assessment of Operating Room(OR) Suite and verified its compliance with PIMC’s “Main Operating Room Guidelines for Surgical Management of Patients with Suspected or Confirmed COVID 19”. OR Suite includes two OR dedicated for COVID patient. I identified few minor leaks that were plugged immediately by facility staff and created air flow diagram for record.

HVAC system supplies air to critical spaces in ICU, ED, MedSurge that are treating COVID patient. Mr. Patrick Needham (PIMC’s Mechanical Engineer) requested me to evaluate the HVAC systems and building Automation System (BAS). I inspected and identified that multiple sensors of BAS system are bad and there was not enough outside air supply to critical spaces as required by codes. I then provided temporary(manual) solution to fix HVAC and BAS System till controls contractor comes in to fix the issue. PIMC has hired control contractor to fix these issues.

My personal experience from this deployment and the experience/stories of my fellow engineer officers on other deployments made me confident that there are so many ways Engineer Officers can support COVID (Infection Control), Natural disaster (Hurricane, flooding, earthquake), or any disaster deployment. The healthcare and sanitation facilities are the top two things that need to be taken care of first to rebuild our community after any natural disaster. We can be your Health Facilities Engineer, Sanitation Engineer, Structural Engineer, Civil Engineer, Environmental Engineer, Biomedical Engineer, Logistic Officer, Data Analyst, Safety officer and anything you want us to be. You give us a problem; I am confident USPHS Engineer Officer we will find you a solution.
Evergreen COA Helps At-Risk Veterans

by LCDR Steven Galvez, MA, REHS, CP-F

Seattle Stand Down is located near Boeing Field in Seattle and provides one-stop access to community services for at-risk and homeless Veterans. On September 12, Seattle Stand Down held an emergency services and gear distribution event that required numerous volunteers. Evergreen COA was ready to help.

Unbeknownst to the event organizers and Evergreen COA members, they would be struck by a different adversary. Wild fires in California, Oregon, and Washington had forced smoke into the area and created unhealthy air quality but the event went forward as planned. Evergreen COA showed up early to provide a helping hand, of course they were washed, and took all COVID-19 precautions. The event was able to provide housing assistance, legal information, employment resources, oral care kits, mental health assistance, state and federal benefits, gear and clothing, hygiene items, non-perishable food, masks and hand sanitizer to many Veterans in the Seattle area. Members of the Evergreen COA branch were grateful for the opportunity to step up and help Veterans in their local area.

CALL TO ACTION

COA is creating a new forum for PHS retirees. Beginning in December, Retiree Voices will air good ideas, common problems, practical solutions, and time-wasting annoyances experienced by PHS retirees when they try to access information and benefits to which they’re entitled under federal law.

Interested? After ensuring your dues are current, please email Judy Rensberger at JRensberger@coausphs.org.
LT David Wilkinson deployed in July/August as a Biomedical Engineer to Phoenix Indian Medical Center (PIMC) to support the 16-member Augment Team-13 (PIMC AT-13). His skills helped the Engineering Department that was understaffed and overwhelmed with increasing cases of COVID-19.

LT Wilkinson evaluated and inventoried over 2,000 medical devices valued at over $2 million throughout PIMC. He also used the deployment as an opportunity to educate the department equipment managers (usually the lead nurse or an administrator) about the importance of tracking, storing, and maintaining their medical devices, and repairing them when necessary. This will help ensure medical providers have access to accurate, reliable devices to better treat, diagnose, and care for their patients. Also, PIMC will know the condition of those resources, and Biomedical Engineering can better manage their workload, hiring the right number of technicians.

During his few weeks at PIMC, LT Wilkinson reviewed 76 operating manuals in the Operating Department, OB Ward, and Podiatry/Orthopedic/Physical Therapy Group, plus a list of high-priority medical devices. He created and populated a spreadsheet to show the make, model, manufacturer, and preventive maintenance (PM) frequencies. This will also be helpful for managing PM contracts worth over $1 million, so that only the amount of work necessary is done rather than paying for unneeded services.

VA Expands Eligibility for Caregivers

by COA Staff

The U.S. Department of Veterans Affairs (VA) is expanding its Program of Comprehensive Assistance for Family Caregivers (PCAFC) to caregivers of more Veterans. PCAFC provides education, support, a monthly stipend, health care coverage and certain beneficiary travel to qualifying family caregivers of eligible Veterans.

"Caregivers provide stability and security to our most vulnerable Veterans, allowing them to stay in their homes with their loved ones for as long as possible," said VA Secretary Robert Wilkie.

"Through this expansion, VA is able to give more family caregivers access to essential resources so we can support them as they care for Veterans of earlier eras."

Starting October 1, 2020, Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975, will be eligible. Effective October 1, 2022, Veterans who incurred or aggravated a serious injury in the line of duty between May 7, 1975 and September 11, 2001, will be eligible.

Previously, PCAFC was only available to Veterans who incurred or aggravated a serious injury in the line of duty on or after Sept. 11, 2001.

Learn more by visiting the Caregiver Support Program website or by calling the Caregiver Support Line at 855-260-3274 for more information.
The PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) held its annual golf tournament on September 21. Another successful event was held at Maryland National Golf Club. This year, we were able to overcome many new challenges with the ongoing pandemic, and we managed to have 78 golfers participate in a safe, outdoor environment, all while having a fun time raising money for COF. The event featured involvement from multiple sponsors and things got started with the singing of the National Anthem by Caleb Green, who recently competed on America’s Got Talent with his group Voices of Service. After all the groups finished their round, they retreated to Schroyer’s Tavern for a boxed lunch of chicken, ribs, and corn on the cob. During the lunch, numerous awards and raffle prizes were given out including cash to the top three teams. The tournament raised over $6,000, thanks to all of those involved, including local businesses, which donated prizes. Thank you to all the participants, volunteers, guests, and to the staff at Maryland National Golf Club for making everything possible.
You Have a Calling

by CDR Kristie Purdy, MS, RDN/LD, CDCES
COA Treasurer

We’re eight months into the COVID-19 response, amidst the largest deployment response in the history of the USPHS Commissioned Corps. Many of us are tired, overworked, and burned out. Public health has been at the forefront of conversation, placed under a microscope and scrutinized in news outlets and social media like never before.

But you have a calling.

You have a calling beyond that of a health professional. You were called to be an officer and took an oath to support and defend the Constitution of the United States. It is in your DNA to support, respond, and stand ready in a time such as this as a highly trained, fully deployable national asset to protect public health. You are a precious and limited resource, and you must act the part.

COA stands ready alongside each of its members to support your efforts in the response. COA is the cohesive force binding all PHS officers together, fighting behind the scene for active duty and retired officers and promoting public health generally. COA is dedicated to representing the world’s only uniformed service for public health. There is great value to being a member of this association.

If you are a member of COA, then I am asking for you to answer another call. Spread the word and share the progress COA continues to deliver. Whether it’s fighting to retain expiring leave, obtain adequate funding for our service, or obtain benefits parallel to our sister services, COA is our voice.

Look at the COA website and view the extensive list of actions and advocacy the association has taken to support members and nonmembers alike. COA is also in your corner when members need them at an individual level. COA is only able to continue its mission through the support of membership. I challenge all members to recruit a colleague to join our association.

This past month, COA Board of Directors conducted a SWOT analysis to compile COA strengths, weaknesses, opportunities, and threats to develop an honest and full assessment of the organization. Information obtained in the analysis will be used to develop a new strategic plan.

This is the first time in many years public health is on the minds of the general public. COA will build on our brand so we are recognized as officers of the USPHS and not the Navy. COA will advocate for not only active duty and retired officers, but reserve officers when they join the new Ready Reserve.

As we continue the fight against COVID-19, keep in mind this too shall pass. In the meantime, take care of yourself. Remind yourself of your purpose. We would be far worse off in this pandemic without the efforts of each of you fighting day-in and day-out in your respective fields. Thank your colleagues and fellow officers for their service. A simple “thank you” is a small gesture with big impact to change someone’s entire day for the better.

So, thank you. I thank each of you for your service. Continue to fight the good fight. For you answered a calling and were made for a time such as this!
Global Health: Providing Medical Aid and Service Around The World

A seasoned physician, global public health educator and nationally and internationally recognized women’s health advocate, Padmini Murthy, M.D., M.P.H., M.S., FAMWA, FRSPH, has been practicing medicine for the past 30 years in various arenas of the health care industry throughout the world.

Using the principle of working locally for a global impact in the pursuit of public health, Dr. Murthy leads her students in humanitarian aid projects on maternal health bringing medical supplies to communities in need around the world. She has guided her students on numerous international projects aimed at providing critical hygiene products and health care equipment to women and girls globally in low socioeconomic areas. Notably, Dr. Murthy’s students have been involved in international projects such as the partnership with the Malawi Permanent Mission to the United Nations, specifically working on Safe Motherhood Project—an initiative with the First Lady of Malawi.

Public Health

As the global health director at New York Medical College (NYMC) School of Health Sciences and Practice (SHSP), Dr. Murthy brings a wealth of knowledge to public health students, focusing on how to change and improve health and health care in communities globally.

Accredited by the Council on Education for Public Health, the SHSP Master of Public Health (M.P.H.) offers important opportunities for students to engage in public health challenges through practicum and capstone projects to support change, as well as analyze, develop and execute policy that will improve health care outcomes. This approach translates into health care professionals with the experience and confidence to ‘hit the ground running’ in their careers. Nearly all of SHSP’s programs transcend traditional molds by extending the classroom into the community and teaching in context, so that students understand the real-life applications of their education.

Earn an Advanced Certificate or Degree in Public Health

SHSP offers an M.P.H. in health behavior and community health, epidemiology, environmental health science and health policy and management, as well as advanced certificates in health administration, global health, emergency management, environmental health, public health and more. Benefit from the strong working relationship between New York Medical College and 11 commissioners of health and public health directors located throughout the New York, New Jersey and Connecticut tri-state area.

- Benefit From NYMC’s Connection to USPHS
- Programs are offered both online and on campus

Padmini Murthy, M.D., M.P.H., M.S.

- Accredited by the Council on Education for Public Health (CEPH)
- 50 percent tuition discount for active duty service members including USPHS Commissioned Corps officers and HHS employees

Ready to apply?

Apply now at www.sophas.org.

For more information about the program or tuition discounts, visit www.nymc.edu/usphs or contact the SHSP Office of Admissions at (914) 594-4510.
As the only service academy with several PHS positions, the U.S. Coast Guard Academy (CGA) is a unique environment for PHS officers to support one of our sister services and see a variety of distinguished visitors.

On September 18, the CGA Medical Clinic hosted Admiral Karl Schultz, Commandant of the Coast Guard. Admiral Schultz shared his heartfelt appreciation for the work that the entire staff had done throughout the challenging time of managing the COVID-19 pandemic aboard a college campus, and congratulated the clinic for receiving the Coast Guard’s Health Care Facility of the Year award.

The 26th Commandant, Admiral Schultz toured the CGA Medical Clinic accompanied by CGA Superintendent RADM William Kelly. Admiral Schultz engaged with staff, discussed mental health initiatives, enjoyed a first-hand view of COVID-19 modifications such as the recently acquired Dental Clinic Powered Air Purifying Respirators (PAPRs), and completed the visit with a socially-distanced modified all-hands where he expressed his appreciation for the dedication of all CGA Medical Clinic staff. On behalf of the entire team, for taking time out of his incredibly busy schedule to visit, the Commandant was presented the distinctive CGA Medical Clinic challenge coin which was designed by enlisted crewmembers.

The views expressed herein are those of the author and are not to be construed as official or reflecting the views of the Commandant or of the U.S. Coast Guard.
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<th>Complete Mailing Address</th>
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12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one):
   □ Has Not Changed During Preceding 12 Months
   ☑ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)
PHS Commissioned Officers Foundation
Donations Received, September 1, 2020 to September 30, 2020

Gold ($500)
RADM Kenneth Moritsugu

Silver ($250)
RADM Dawn Wyllie

Bronze ($100)
CAPT Mehran Massoudi

Friends (Under $100)
CAPT Mark Anderson
CAPT Maria Benke ^
Mrs. Carol Dellapenna

Mr. Stephen Deming
CAPT George Durgin
Dr. James Kenney

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

We Welcome New Members of COA,
September 1, 2020 to September 30, 2020

LT Angela Aldrich
LT Jesus Hinojosa
LT Christina Mello

LT David Burnett
LT Tiffany Ma
LT Cassandra Mitchell

CDR Todd Cesar
LCDR Jaren Meldrum
LTJG Patricia Payne

EXECUTIVE DIRECTOR from page 1

Human Services, Education and Related Agencies (LHHS) (Majority and Minority), the House Committee on Energy and Commerce, Senate Committee on Health, Education, Labor and Pensions (HELP) (Majority and Minority), and the offices of Senator Van Hollen, Senator Warren, Representative DeLauro, Representative Lauren Underwood, and the Office of the Speaker of the House, more about the unique situation facing active duty Commissioned Corps officers concerning expiring leave.

During each of these meetings I told your story and shared your passion for serving as America’s Health Responders. I described the more than 9,000 deployments that Commissioned Corps officers have completed since January 2020. I spoke of your dedication to improving the health of our Nation which led to many long days and long nights, time away from your family, in situations that often put your own health at risk. It’s what you signed up for and you did the job proudly, but while doing so many of you couldn’t take your earned leave. I explained that unlike the armed services covered by Title 10, your leave couldn’t be extended through a simple memorandum because Title 42, Section 210, states that only 60 days can be carried over at the end of the fiscal year. Congress had to put this fix in legislation.

After several days, evenings and nights of multiple meetings and phone calls with various Committee staffs, we were notified that our draft language made it into the House Continuing Resolution bill (H.R. 8337). On September 22, 2020, by a vote of 359 to 57, the House bill was passed. Following this, on September 30, 2020, the Senate passed the bill without modification or amendments, by a vote of 84 to 10. President Trump signed the bill, now known as Public Law 116-159, on October 1 around 1 a.m. A section in the bill temporarily authorizes commissioned officers of the Public Health Service to carry over more than 60 days of annual leave which must be used by September 30, 2023.

Back to your membership and the dues you pay to be a member. I want to thank every COA member who is reading this for remaining a loyal member of COA. Your membership adds to the power of your voice. The more dues-paying members we have, the louder that voice because Congress and Corps leadership know that we are truly speaking for all officers. And without your dues we can’t do simple things like pay our rent and utility bills, and without your dues we can’t pay for important initiatives like this, where lobbying services are needed to push the ball over the goal line.

No other organization is dedicated solely to representing the interests of active duty and retired PHS officers. No other organization meets regularly with Commissioned Corps leadership to speak on your behalf. And in no other organization is your voice not only the loudest, but the only voice that directs our actions and our efforts.

I need each of you to commit to remaining a member of COA. If you’re a member, please recruit a colleague. If your COA membership has lapsed, I hope you will renew. And if you’re retired and think membership in COA is no longer relevant, please reconsider. Retired officers are needed for so many things, from mentorship to supporting COA and Foundation activities in your communities and to advocate for public health when the Public Health Service and the Commissioned Corps are threatened. And COA fights as hard on Capitol Hill to preserve and defend retiree benefits as we do for active duty officers.

It was my pleasure to work on this initiative which was so important to Commissioned Corps officers. Thank you for everything that you are doing to improve the health of our Nation.