Serving and Honoring America’s Veterans: VA Updates

Board of Veterans’ Appeals Reaches Goal Early

The U.S. Department of Veterans Affairs (VA) announced the Board of Veterans’ Appeals (Board) has exceeded its annual goal of issuing 91,500 appeals decisions in fiscal year 2020. “This goal was reached ahead of schedule despite the challenges and difficulties of operating during the COVID-19 pandemic,” said VA Secretary Robert Wilkie. This shows the Board’s agility, flexibility and most importantly its unwavering commitment to Veterans.”

The Board provided Veterans the option to choose virtual tele-hearings, allowing them to continue to hold hearings before the Board in a safe, no-contact environment. Since March, the Board has held more than 3,000 virtual tele-hearings and continues to increase capacity for more Veterans.

Secretary Wilkie Honors Lincoln’s Second Inaugural Address

VA Secretary Robert Wilkie dedicated a permanent memorial at the Camp Butler National Cemetery in Springfield, IL, celebrating President Lincoln’s second inaugural address which gave VA its mission and motto.

The U.S. Capitol and sought to heal the nation in one of the most important speeches in American history. At the end of his remarks, Lincoln asked the nation to care for those Americans who take the oath and fight to defend us.

“With malice toward none; with charity for all; with firmness in the right, as God gives us

Maintaining Resilience Through Social Support

Losing Leave

When I deployed to the Middle East in 2005, I accrued a great deal of leave. For several months leading up to my deployment I also took limited time off because I was busy completing multiple trainings and weapons qualifications, updating my will and advanced directives, and working fervently to complete unfinished projects, IRB approved research studies, and clinical sustainment hours, all while standing duty. Following deployment, I took a long weekend off to readjust and settle back in, but found myself quickly back to work, supporting my shipmates who carried the heavy load during my absence.

During this time, heavy deployments for Department of Defense personnel were an essential part of the global war on terrorism, and I was happy to serve. Just like each of you, it’s what I signed up for. During this time period, on average 27 percent of all U.S. servicemen and servicewomen were deployed, roughly 386,000 troops. Lucky for me, the Department of Defense was able to extend my expiring leave following my deployment, so I wasn’t unfairly
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:
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- 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
Advocates Organize to Save the Uniformed Services University

by Judy Rensberger

The national treasure known as the Uniformed Services University of the Health Sciences (now officially abbreviated USU, not USUHS), is under threat by budget analysts in the Department of Defense. Leading the charge as part of a defense-wide review is a unit known as DoD Cost Assessment and Program Evaluation, or CAPE. The Military Health System already has endured over $70 billion in cuts since 2012, according to the advocacy group Friends of the Uniformed Services University, Inc.

Making the case for USU
Friends of USU., argues that what the CAPE budget analysts want to do is serious overkill. They point out the beneficiary cost curve was flattened starting in 2011, while U.S. spending on civilian health care has continued to increase by at least six percent per year.

USU advocates also point out that TRICARE beneficiaries are being pushed out of understaffed military hospitals and clinics and into the private healthcare network. In FY 2020, this would have resulted in an “overspend” of $2 billion except for emergency supplemental funding that was authorized in response to COVID-19. But this is temporary relief.

Friends of USU, Inc. has developed a detailed, three-page case statement. It is accompanied by a densely packed list of 16 talking points. Leaders met with U.S. Senator Chris Van Hollen (D-Maryland) to underscore their view that the most recently proposed budget reductions are “enormous, numerous, and harmful.”

Friends of USU, Inc. made an early stop by The Military Coalition’s (TMC) Health Care Committee, which wrote a letter for TMC to send to Congress.

The president of Friends of USU, Inc. is Thomasine Ilyas Alvarez. She is also the executive producer of “Fighting for Life,” a critically praised 2008 documentary about USU. (Accessible through YouTube, it is not to be confused with at least two other films of the same or similar titles.)

In addition to Mrs. Alvarez, four other leaders of Friends of USU, Inc. participated in the meeting with Senator Van Hollen and continue to lead the overall effort. They are: Everett Alvarez, Jr., CDR, USN (ret.), a former Chair of

see LEGISLATIVE continued on page 13
Lessons from an Old School Pharmacist

by Captain Mike Jones, RPh, USPHS (ret.)

I was lucky enough to start my federal career in the Division of Generic Drugs (now the Office of Generic Drugs) in the Center for Drug Evaluation and Research (CDER) at the Food and Drug Administration (FDA) in Rockville, Maryland. At the time, I didn’t know much about the Commissioned Corps or FDA, but I was told that I would work Monday through Friday with weekends and holidays off and I would not be given a beeper, which sounded good to me.

When I first started in the Division of Generic Drugs, it was right after the generic drug scandal hit and it seemed like new policies and procedures were being implemented every day. But formal policies and procedures do not always help you successfully navigate the work environment. Here are some things I wish I knew when I was first starting out.

1) Do your job. If you can’t do your job, your career will suffer. I once had a coworker who was more focused on advancing his career than doing the work assigned to him. When a high-profile project came up, it was initially assigned to him but because he fell so far behind, the project was reassigned to me instead, and I was eventually awarded a medal for completing the assignment. I would not have had this opportunity if I had not been diligent in completing my own assignments.

2) Help each other. For many years, I worked in CDER’s Office of Regulatory Policy on issues related to the Prescription Drug User Fee Act (PDUFA). My colleagues would tell others if they had an issue with PDUFA: “Call Mike. He will help you.” There were plenty of nuances to submissions under PDUFA and not all project managers, whether at FDA or in industry, were aware of them all. But they knew if they had a problem, they could call or email me, and I would help them out. Help others. Yes, you do need to do your job, but you also need to help others. Doing so will build up good will, which will help you in your career.

3) Talk to each other. One of the biggest things that drives me crazy is when the left hand doesn’t know what the right hand is doing. For example, CDER is big organization ... and industry knows this. Many times, you will get a question from industry asking for advice. But do not assume you are the only person being asked. Hopefully, the advice you give will be consistent with what someone else in CDER is telling them, but you never know. I try to get enough details when I’m contacted so I can figure out who else may have been contacted with the same question. Then I ask around to see if any of my colleagues have been contacted and we shared information to give a consistent response. But not everyone does this, which can lead to inconsistencies in the advice shared. It is better to let others know what is going on than to keep that information to yourself.

4) Be patient. When I first came to FDA, I was very impatient. I did not realize there is regular time and then there is regulatory time. Who knew? When I was working in the hospital and a pharmacy order was received, you filled it. It did not take a federal impact statement to fill the order. In the regulatory world, instead of minutes or hours, you are looking at days, weeks, months, or even years to take a regulatory action. I remember scratching my head thinking of projects that my summer interns could complete during the few short months they would be at FDA. Such projects did exist, but often they were only small pieces of bigger projects and the students would never see the ultimate projects being completed during their time at FDA. I would have to explain the process and let them know that they had to be patient. Even with an explanation, students would get frustrated with the slow pace of the regulatory process. I did, too. Patience had to be learned, by students and by me!

5) Be patient (yes, again!). Early in my career, I would receive an email and I would want to immediately respond. Experience now tells me that this may not always be prudent. In this day and age, we all expect an immediate response. But sometimes you do not have all the facts. Sometimes you must do some homework. Sometimes the issue resolves itself without your intervention. Practically, it may be wise to wait a day. See if time resolves your problem. Take time to consider all the issues and your response. As an aside, sometimes your email response may need a “tone” check, so be sure to have a trusted colleague as a second set of eyes who can give you feedback on your response – another reason to wait until the next day!

This does not mean ignore the requester. I’ve found that people don’t always need an answer right away, but they do want to know that you are working on their question. Send an email stating that you are preparing a response and provide an estimate of when they can expect your response. Folks are very grateful when you keep them posted on the status of their issues.

6) Solve problems; don’t make them. I’ve had several good supervisors over the years. One important lesson I learned from one of them was avoid coming to your boss without a solution. Folks do not want to hear problem after problem ad nauseam. Your supervisor will be much more receptive if you are prepared with an analysis and possible solutions. At the end of the day, your ways ahead may not be the answer you land on, but they will be an important part of the problem-solving process and your supervisor will be grateful. So, do not be a problem maker; be a problem solver.

This list is not exhaustive ... I have over 50 of these hints that I have written down as reminders over the years, but I’ll have to save those for another time.
COF President’s Corner

Exploring the Future of Public Health

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

It has been almost seven months since the CDC, accurately and appropriately, warned Americans about the threat of widespread community transmission of SARS-CoV-2 and predicted that “disruption to everyday life might be severe.” At the time, when less than two dozen cases of COVID-19 had been diagnosed in the United States, that warning, while prophetic, was based on decades of experience and a detailed knowledge of the science of epidemiology.

Since that time, we have learned much about the effectiveness and the limits of the public health enterprise in the United States. The list of things we have learned is long and growing, and there will be many more lessons to come as the pandemic continues. In this brief column, I would like to share two thoughts of the many we could and hope to discuss over the coming months.

The first is that while both praise and criticism of public health agencies and public health workers has been and continues to come from a variety of different sources, I know that our current and former colleagues in public health, the career professionals with whom I worked for many years, remain dedicated to their mission of evidence-based, science-driven assessment, policy development and health protection. We can all be confident that the voices and recommendations of these career professionals are always based on their best judgment and the best science, whether those recommendations are accepted or adopted by the officials to whom they report. As the pandemic goes on, with its growing cost in lives, illness, disability and economic loss, all of us in public health, especially those of us who no longer serve on the front lines during this crisis and who face no restrictions on what we can say publicly, need to speak up in support of our colleagues and the value of their work, centered on data, medical science, and rigorous research.

The second thought is that as important as our support is now and in the coming weeks and months, it will be even more critical as the pandemic eventually is conquered, hopefully with a global program to distribute and administer safe and effective vaccines. At that point, the investigations, look-backs and development of after-action reports will be underway. It is not too early now, especially for those of us not engaged in the day-to-day struggle against COVID-19, to be thinking about what comes next.

It’s worth remembering that over thirty years ago, in its report entitled The Future of Public Health, the Institute of Medicine wrote that the United States “has lost sight of its public health goals and has allowed the system of public health activities to fall into disarray.” That report made a series of recommendations, as did other IOM reports on public health, health care, and emerging infectious diseases, and as did numerous other reports from governmental and non-governmental sources. Over the years, some of those recommendations were adopted, most were not.

In retrospect, and considering our current circumstances, it seems that those recommendations, often not adopted because they were viewed as too expansive and too costly, were not as extensive or demanding as was needed. The public health system at every level needs more: more funding, more personnel, more support from decision-makers, and most importantly, as the IOM wrote in 1988, “public health requires support by members of the public—its beneficiaries.”

With your help, we can begin to explore ideas about the future of public health post-COVID and develop a strategy for constructively contributing to what will be a long and complex debate about policies and programs that will determine how governments at the Federal, state and local levels can fulfill their public health mission. Please send your ideas, your suggestions, your concerns and your observations to Frontline@coausphs.org, with the subject line “Future of Public Health”, so we can begin to think together about where public health needs to go next and how we might get there. Updates about this conversation will be published in future issues of Frontline and posted, starting next month, on the COF website.
COA Legislative Efforts for Flexible Spending Accounts

by Jesse P. Samluk, PhD, JD (Candidate – 3L)

As part of my legal education, I am conducting pro bono advocacy on behalf of COA. My PhD is in Electrical and Computer Engineering, and I am a third-year law student at Widener University Delaware Law School. I started assisting COA while COL (ret.) Jim Currie was at the helm and continue under CAPT (ret.) Jacque Rychnovsky. It is an honor and privilege to assist COA in its efforts to continually improve the lives and careers of USPHS officers.

The purpose of this piece is to provide an analysis of a given legislative effort that COA looks to have signed into law, and recommendations for moving forward. Some readers may question what goes on behind-the-scenes to get an idea signed into law, and why USPHS seems to always play catch-up with the other uniformed services.

My focus here has to do with the implementation of Flexible Spending Accounts (FSAs). COA Government Relations Director Judy Rensberger mentioned FSAs in the June-July 2020 issue of Frontline. They cover eligible medical expenses as a pre-tax benefit. Many employers, including the Federal government, provide this benefit. There are different types of FSAs, such as health care FSAs, limited expense FSAs, and dependent care FSAs. With FSAs, the IRS caps how much pre-tax funds you can contribute during a given year. Some of the different types of FSAs also allow a maximum “carry over” amount to use in the next year contingent upon registering for a FSA in the following year. Elections to participate in FSAs typically occur during a benefits “open season” or any type of qualifying life event (birth, marriage, divorce, etc.).

Historically, given TRICARE and its multitude of flavors between active and reserve/guard components, FSAs were not authorized. However, the “Jobs and Childcare for Military Families Act of 2019” (S. 1802) would provide the necessary language to provide FSAs for the armed forces. But the drafters of this legislation inherently omitted USPHS and NOAA because they are not “armed forces.” The fix? Using “uniformed services” instead of “armed forces.”

The process of correcting legislation is never as easy as it seems. As for proposed legislation, the best way to go about correcting the language is to contact the office of the original sponsor of the bill, either directly or by a interested organization, such as COA. For this measure, it would be Senators Tim Kaine (D-VA), John Boozman (R-AR), Jon Tester (D-MT), Thom Tillis (R-NC), and Kyrsten Sinema (D-AZ). However, another approach to correct the language would be through the “markup” process. The markup process is where congressional committees and subcommittees meet to discuss, correct, or even rewrite proposed legislation.

I personally reached out to a member of my congressional delegation (Senator Tom Carper, D-DE) since he is on the Committee on Finance, the committee of jurisdiction for S.1802, but no markup session is scheduled for this bill, and it is growing increasingly unlikely for the 116th Congress. A more likely possibility is for this legislation to be “swept” into larger legislation, akin to how the USPHS Ready Reserve was re-established under the CARES Act. Prior to the CARES Act being signed, the Senate measure for the Ready Reserve advanced, but the House measure stalled in committee.

So, what can you do? Write your delegation with the following information. For those of you that reside in Virginia, Arkansas, Montana, North Carolina, or Arizona, contact those offices about supporting this bill since they are the original cosponsors. Make sure you refer to the bill number (S.1802) and tell them that the language needs to be changed to the following:

For S. 1802 §2(b) and S. 1802 §3(a) to read “Uniformed Services” instead of “Armed Forces”, and for S. 1802 §3(c) to include the Secretaries of Health and Human Services and Commerce, respectively.

The House measure (H.R. 5876 - Jobs and Childcare for Military Families Act of 2020) would follow a similar approach:

H.R. 5876 §2(b) and H.R. 5876 §3(a) to read “Uniformed Services” instead of “Armed Forces”, and for H.R. 5876 §3(c) to include the Secretaries of Health and Human Services and Commerce, respectively.

All too often we fight for corrective language (e.g. Uniformed Services) to include USPHS and NOAA. However, the more we educate our legislators about these drafting errors, the hope in the future is that we will not have to keep introducing amending legislation to correct the original measure.

Do you have questions on this legislation or any other ideas that should be explored? Feel free to contact COA’s Legislative Affairs Committee through Judy Rensberger, Government Relations Director, at jrensberger@coausphs.org.

Disclaimer: While the author is a current law student, this article is written for informational purposes only, and does not constitute legal advice. Should you need legal advice, contact a licensed attorney in your local area.
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Officers on Speech Science Podcast

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

After reading about speech-language pathologist (SLPs) serving in uniform in the American Speech-Language and Hearing Leader Live blog, Ms. Michelle Wintering, MA, CCC-SLP, host of the Speech Science Podcast, became interested to learn more about the USPHS Commissioned Corps. She invited USPHS SLPs CDR Erik Cala, LCDR Carla Chase, and LT Courtney Wood to discuss their roles on the podcast. The Speech Science Podcast presents updates, case studies, events, and best practices in speech-language pathology and hosts interviews of practicing professionals.

The first part of interview highlighted USPHS SLPs in non-clinical billets and was published on August 18. The second part of the interviews featured USPHS SLPs in clinical billets and was released on August 25.

The Speech Science Podcast interviews provided the SLPs an excellent opportunity to promote public awareness of the essential works the USPHS officers provide and of the daily dedication the Commissioned Corps members show in their service to health. The Speech Science Podcast and the USPHS SLP interviews are available online at https://speechscience.podbean.com/

Ohio Issues USPHS License Plates

by CAPT Alan Echt, USPHS (ret.)

This summer, Ohio released license plates to honor active duty and retired USPHS officers. A USPHS veteran license plate will be coming later. This was the culmination of two years of work that began at the urging of a member of the Cincinnati Branch.

In 2018, the Ohio General Assembly passed HB 194, which required the Ohio Department of Veterans Services (ODVS) to work with the Registrar of Motor Vehicles, within the Department of Public Safety to develop and maintain a program to establish and issue nonstandard license plates “recognizing military service and military honors pertaining to valor and service.” Previously, each new Ohio military license plate required passage of a standalone bill. According to testimony from one of the bill’s sponsors, prior to the passage of HB 194, there were twenty-two separate Ohio revised code sections related to military license plates. The bill sought to streamline and improve the way Ohio creates new license plates to honor its military men and women.

Shortly after HB 194 became law, a member of Cincinnati COA contacted the ODVS Administrator of the Office of Employment, Education, and Policy to ask for license plates recognizing the USPHS to be included in the program required by HB 194. They had met at the buffet line at the 2015 MOAA Ohio Council of Chapters State Convention in Dayton, and the COA member kept the ODVS Administrator’s business card. In a series of emails over two years, the ODVS Administrator patiently explained the process of issuing new military license plates while the COA member periodically checked on the progress of the USPHS plates. After a delay due to waiting for permission from USPHS to use the anchor and caduceus emblem, the first USPHS plates were released this August.
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Maintaining Resilience Through Your Social Support Bubble

by LCDR Jill Gelviro and LCDR Madalene Mandap

In December 2014, twelve female Commissioned Corps officers met in the Washington D.C. area for the first USPHS Women’s Leadership Support Group (WLSG). The group was brought together, under the guidance of RADM Pamela Schweitzer (Ret.), to support female officers in leadership roles and to recognize the challenges of everyday demands of career and family. Today, the USPHS WLSG has grown to over 400 members extending across all categories of the Commissioned Corps and throughout the nation. One of the top priorities for the National Prevention Strategy is mental and emotional well-being, which the WLSG members continue to support.

Since the start of the COVID-19 response, our lives have changed in so many ways. Whether it be family, financial or work responsibilities, it is important for us to find work-life balance. Continuing with the goals of the USPHS WLSG, the Region 10 Alaska Native Medical Center/Southcentral Foundation (ANMC/SCF) WLSG group led by LCDR Jill Gelviro maintains resilience through their “support bubble.” We have found solace in sharing perspectives and experiences in our own lives on the importance of career and family. Prior to the pandemic, the group met quarterly. Additionally, the group has supported local communities, participating in COA events taking aim at health, wellness and officership. In fact, several group members have served on the Executive Committee or Subcommittees of the Aurora Borealis COA.

Members of the WLSG agree that the social support afforded by groups like these is invaluable. We share unique challenges in our careers and can lean on each other for advice and mentorship on everything from conflict resolution to raising young children. The current pandemic has suddenly forced some mothers to make tough decisions while maintaining a full workload as they work from home. An officer wrote, “It helped talking with a fellow officer [in a similar situation] and commiserating with what we will do with this next school year. Honestly, simple things like our walk/talks help me both mentally and physically because I just don’t get...”

see SUPPORT BUBBLE on page 10
out much!” Another member recounts, “I remember breathing the biggest sigh of relief that I could let my guard down and share my struggles in a safe space with fellow officers. Especially now, with lockdown and social distancing, it is so important to maintain some type of connection with each other.”


If you are interested in learning more about the Women’s Leadership Support Group, please email: forum4femaleofficers@gmail.com

Members of the WLSG group at ANMC/SCF include LCDR Jill Gelviro (leader), CDR Juanita Luna-Greene, LCDR Catherine Arnatt, LCDR Theresa Castellanos, LCDR Madalene Mandap, LT Stephanie Ogle, and LT Kayla Vujovich.

SUPPORT BUBBLE from page 9

WLSG members enjoy a lunchtime wellness walk around the ANMC campus lake and trail system. From back left: LCDR Madalene Mandap, CDR Juanita Luna-Greene, LT Kimberly Warren, LCDR Theresa Castellanos, LCDR Jill Gelviro. Front: LCDR Cathy Arnatt

WLSG members stay connected via zoom to check-in on each other. Top left to right: LT Kayla Vujovich, LCDR Cathy Arnatt LCDR, Theresa Castellanos Bottom left to right: CDR Juanita Luna-Greene, LCDR Jill Gelviro, LCDR Madalene Mandap

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Silver Linings during the Pandemic

by CDR Kelly Valente, Pharm.D.,
COA Board of Directors Chair Elect

In the Matthew Quick novel, “The Silver Linings Playbook,” the protagonist Pat is newly separated and released from the hospital and decides to focus on the silver linings in life. As we find ourselves in this unprecedented pandemic, it may be challenging to see the good that has occurred. As a Corps, we are giving it 110%. We are tired. We are stressed. It may be hard to see the positives through this very difficult time. However, like Pat, we as Commissioned Officers should also seek and acknowledge the "silver linings" that have emerged as we move forward in our work.

First, we have media presence like never before. Almost daily, ADM Giroir or VADM Adams are on the television teaching public health practices; wear a mask, wash your hands, and watch your distance. In my career, I have never seen this much attention being afforded to the U.S. Public Health Service. On March 15, the PHS executive team was acknowledged at the White House by Secretary Azar and Vice President Pence. We were called “America’s Public Health Warriors” and “America’s Public Health Heroes.” This day was my proudest moment in uniform! I felt people would finally know who we are and what we do! Maybe going forward, we would not be mistaken for the Navy or an airline pilot.

On June 30, Vice President Pence conducted a press conference at Commissioned Corps Headquarters to announce the creation of the USPHS Ready Reserve. Again, this was unprecedented and history in the making. Through ADM Giroir’s leadership and visibility, he has been selected to lead the COVID-19 testing response and was appointed as the US representative to the World Health Organization’s Executive Board.

Another silver lining is that at this moment in time, we have unparalleled executive leadership support. It is rare to have champions of the Corps such as ADM Giroir and Secretary Azar. While COA was working on the language and passage of the USPHS Ready Reserve bill, ADM Giroir worked with his contacts to build support. Through these concurrent efforts, the bill was tacked on to the Coronavirus Aid, Relief, and Economic Security (CARES) Act which was signed by the President on March 27, 2020. Starting in the Spring of 2021, the Ready Reserve will be able to add support to our workforce both within our agencies, and during a response.

Finally, we as a Corps have pulled together. Whether through video calls or mask-making campaigns, we have virtually come together as we stand apart. We are ready to answer the call - not just once, but multiple times.

In this time of high stress and unprecedented challenge, think of Pat. Take the time to notice the silver linings - for it is due to these silver linings that we will emerge a stronger and better Corps.

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*Students who are veterans or active duty are also eligible to receive GI Bill tuition benefits.
the USU Board of Regents, Vietnam-era war hero and POW who spent more than eight years imprisoned in Vietnam; Ronald R. Blanck, Lt. Gen., USA (ret.), also a former Chair of the USU Board of Regents, who is a physician and former U.S. Army Surgeon General; Patrick H. DeLeon, Ph.D., former Chief of Staff for the late U.S. Senator Daniel Inouye, who is a past president of the American Psychological Association and current professor at the USU School of Medicine and the School of Nursing; and Kathryn Beasley, CAPT, USN (ret.), Ph.D., who led the health affairs section at MOAA for several years and co-chaired TMC’s Health Care Committee. She now heads her own consulting firm in Maryland.

Close USU? Really?

Unthinkable as it would appear to be, USU advocates see closure as a grim possibility. For one thing, the idea of closing USU already has occurred. In October of 2019, CAPE suggested that USU was ripe for “right-sizing or elimination.” The Secretary of Defense firmly said no, and that appeared to be the end of it, at least for the moment.

But that was then.

Today, 13 months later, Friends of USU, Inc., contends that closure is still being pursued, perhaps not outright, but through some lethal combination of cost-cutting measures. One possible scenario: major reductions in operations and maintenance ($10 million in FY 2021, followed by $20 million in FY 2022), plus a $14.2 million reduction in medical research, including all basic research aimed at improving combat casualty care, fighting infectious diseases, and improving military medicine overall. “Taken together these cuts will close the University,” the group said in its case statement.

Along the way, other programs at risk include several centers of excellence and areas of special emphasis. These focus on, for example, pain control, women’s health, rehabilitation services, and neuroscience and regenerative medicine. This last includes blast-related traumatic brain injuries. It is not clear who, if anyone, might pick up these research portfolios, especially those focused directly on saving the lives of the nation’s warfighters.

Friends of USU, Inc. has looked at ways to save USU while at the same time also cutting costs where possible. It recommends rescinding some proposed reductions, restoring funding for others, and requiring USU to learn to manage and live with several cuts already imposed for FY 2021. For more information, visit https://www.friendsofusu.org/

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COA Apparel Coming Soon

COA will soon be rolling out apparel for COA events and volunteer activities. We will be offering a range of COA-branded options through Custom Ink with apparel from brands like Nike, North Face, and Under Armour. Watch for details in the coming months!
to see the right, let us strive on to finish the work we are in; to bind up the nation’s wounds; to care for him who shall have borne the battle, and for his widow, and his orphan – to do all which may achieve and cherish a just, and a lasting peace, among ourselves, and with all nations,” Lincoln said.

“Today’s VA welcomes all Veterans, including the 10% of all Veterans who are women. The words that brought us here should not to be diluted, parsed or cancelled,” Wilkie said. “The words that brought us here ought to be preserved as they were spoken and displayed as every generation understands the origin of America’s progress in becoming the most tolerant nation on earth.”

VA partners with OnStar for Suicide Prevention

The VA announced it is partnering with OnStar’s emergency services to improve access to suicide prevention resources.

This partnership will offer Veterans in crisis the opportunity to be transferred to around-the-clock, confidential support via VA’s Veterans Crisis Line when they use the emergency services button in an OnStar-equipped vehicle or OnStar Guardian smartphone app.

An average of 20 Veterans die by suicide each day. Through this partnership, VA and OnStar, a wholly owned subsidiary of General Motors, will collaborate to provide education and training to VA clinicians and OnStar call center staff to facilitate suicide prevention efforts for Veterans. Additionally, VA will provide resources and education to OnStar about military culture and how to determine if a caller is a Veteran.

Since this directive was issued you’ve deployed early, and you’ve deployed often! The last deployment statistics I’ve seen were from September 3rd, where 4,155 officers had deployed (68%) for 8,860 total deployments. Undoubtedly the numbers are much higher now. Much like your “shipmates” in the sister services, you’ve most likely accrued a great deal of leave between then and now. And unfortunately, while the Navy, Army, Air Force, Coast Guard, NOAA, and the civilian workforce have been able to issue guidance to extend this expiring leave, USPHS leave is written into law (Title 42, Section 210), and cannot be carried over past 60 days without a change or exception in said law.

When COA staff were made aware of this situation it was an “All Hands-on Deck” moment. We quickly collected the memoranda issued by the other services to extend their leave, something they were entitled to do since they’re not bound as we are by the federal law restriction that is present in the Public Health Service. We began meeting with House and Senate appropriators, authors, and with elected officials to work toward a resolution. We strategized with coalition partners, including The Military Coalition, and consulted with legislative experts. The congressional and committee offices we’ve spoken with to date are sympathetic in understanding the glitch and seem sincerely interested in helping us champion a fix so that you are able to use the leave you have accrued at a time when you are stretched thin and working tirelessly to care for our nations most vulnerable, sick and in need of your support. If we aren’t successful, we know we went down trying. Laws are not easy to change.

I’ve been asked “how can I help” by a few. I ask that each of you be at the ready to respond to a Call to Action if needed where we will ask you to contact your elected officials to support insertion of language into the Continuing Resolution. I will be keeping you posted as we keep our eyes on the end of the fiscal year, September 30th, when any active duty leave over 60 days will expire.

Keep your chin up, you are doing some incredibly heavy lifting right now for the good of the America people and you are appreciated.

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!
Opioid addiction is a chronic disease with biological, psychological, and environmental factors that affects millions of people worldwide. Often, family members close to the person battling the disease suffer the most. In the U.S., drugs kill an average of 130 everyday, making drug overdose the leading cause of accidental death. There are also great amount of people battling with addiction and mental health and currently not seeking treatment due to the stigma associated with coming forth.

During the fall of 2019, there was a mass email sent out by the Office of the Surgeon General encouraging officers to go into their communities to educate people on the opioid crisis and how to administer Naloxone. As a singer, songwriter, record producer and record label owner, I decided to create a musical composition to raise awareness and support the individuals and families battling addiction. Loved ones hold a great deal of influence in the life of a person struggling with addiction or mental health, making the support system very important for the road to recovery.

The theme song “Mama Don’t Give Up” became my global addiction and mental health awareness campaign song. It was written and produced under my stage name Nana Kottens. The project also featured artists, groups and public health professionals from the U.S. and Ghana. Released in March of 2020, “Mama Don’t Give Up” was written to inspire, strengthen, and provide hope for anyone who feels like the stigma of addiction and mental health illnesses prevent them from speaking with family and friends. The music video starts with the statement, “Addiction is a disease of the brain and not lack of will.”

You can find the music video on YouTube at https://www.youtube.com/watch?v=asdn574Up98.