Closing Remarks from Admiral Giroir

With seven days remaining on his term as the Assistant Secretary for Health (ASH), Admiral Brett Giroir, M.D., graciously spent an hour addressing members of the Commissioned Officers Association. Excerpts of the address can be found below. The COA Board of Directors and COF Trustees are extremely appreciative of Admiral Giroir’s support and advocacy throughout his term as the ASH.

Admiral Giroir was introduced by retired RADM Steve Solomon, M.D., President of the PHS Commissioned Officers Foundation for the Advancement of Public Health.

RADM Steve Solomon: “Tonight, we have an opportunity to express our appreciation for Admiral Giroir’s leadership during the most significant public health crisis the world has faced in over 100 years. The pandemic has called for a 24 hour a day, 7 day a week response from the Admiral, his staff and all the women and men in his command and it’s now entering its second year. Admiral, I want to thank you and your staff for working throughout your tenure in such a collegial manner with our organizations, the Commissioned Officers Association and the Commissioned Officers Foundation. On behalf of those organizations, I want to thank you for strengthening the Corps, the Ready Reserve and the development of the USPHS doctrine being only two examples of your many accomplishments. I want to thank you for your support of the Commissioned Corps and every one of the officers of the USPHS. Thank you, sir, for your service to our country, we very much look forward to your remarks."

ADM Brett Giroir: “I really thank you very much for the opportunity to come and share some remarks. I mean it from the deepest part of my being that it has been the absolute honor of a lifetime and probably generation in my family. To serve as an officer in the Public Health Service Commission Corps, along with my fellow sister and brother officers—you know what they say, it is really true that the days were.
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.

USF Online Programs
Discounted degree and certificate programs like PhD, DrPH, MPH, MSPH, MHA.

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 USC.

Keck School of Medicine
Tuition discount for Master of Public Health degree.

The Ohio State University
In-state tuition for graduate nursing and certification programs.

Legislative Update

COA Legislative Priorities: 2021-2022

by Judith Rensberger, MS, MPH

Going forward, what are COA’s legislative priorities? How can we bring them to the attention of a new Congress?

COA Legislative Goals

The first question has been largely answered by COA’s Legislative Affairs Committee, which is now chaired by retired CAPT Lisa Tonrey. CAPT Renee Joskow serves as the Committee’s co-chair, and LCDR Travis Sorum serves as Secretary. The Committee met twice in January to discuss and prioritize COA’s legislative goals. The Committee had the benefit of some earlier survey data. It is now seeking additional input from all interested COA members, both active duty and retired. We are looking for true, real-life (but non-identifiable) examples illustrating problems that need to be solved. These can effectively be used to make the case to members of Congress.

DD Form 214

We welcome information from COA members who can describe specific problems and provide insight regarding the DD Form 214. Please share your thoughts and potential policy recommendations with me at jrensberger@coausphs.org and be assured that I do not share names or other identifying information with anyone.

Parity

COA wants to see parity with the other uniformed services so that benefits approved for other service members and their families also apply to the USPHS Commissioned Corps. This would include Federal and state benefits for veterans. It would also include a permanent solution to the issue of leave carryover. This became an issue of special interest and relevance in the context of COVID-19 deployments. Finally, parity means reinstating the confirmation of new USPHS officers by the U.S. Senate. This was the case in the past, but it disappeared some years ago without explanation.

The Legislative Affairs Committee also wants to see funding to support training and recruitment. This would include funds to recruit officers, pay for emergency preparedness and response training, and support the USPHS Reserve. Finally, the Committee wants to see appropriations for the Office of the Surgeon General and for Commissioned Corps headquarters operations generally.

New York State News

Because our staff is so small, COA generally does not track or get involved in state legislation. But news passed along by former COA Executive Director Jim Currie is too good to go unremarked. Jim reports that New York State Senator James Skoufis, a Democrat who represents the Hudson Valley, has introduced legislation to see that USPHS officers in New York State receive the same state benefits that military and veterans receive. At present, he says, USPHS officers do not receive the tax relief, small business incentives, and other benefits available to active duty and retired military and to veterans generally. And they should. If you reside in New York State, you might wish to send a note of thanks and encouragement to Senator Skoufis.
RIST-NCR Deploys with Skill

by CAPT James Cowher, CAPT Sukhminder Sandhu, CAPT Jennifer Malia, CDR Karen Chaves, CDR Monica Munoz, CDR Qiao Bobo, LCDR Xinzhi Zhang, LCDR Abbas Bandukwala

For U.S. Public Health Service officers, most of the year 2020 will be defined by the COVID-19 Public Health Emergency (PHE) and each officer’s role in supporting the federal response whether it be fulfilling additional agency needs, supporting a deployment team, or serving as a cadre of officers fulfilling mission needs for the Readiness and Deployment Branch (RDB). For officers in the Regional Incident Support Team for the National Capital Region (RIST-NCR), the COVID-19 response was a big effort among the over 70 missions the team has supported since 2009.

While most response activities in 2020 focused on the COVID-19 PHE, RIST-NCR deployed to support five additional missions including the earthquake in Puerto Rico, State of the Union Address, March on Washington, National Independence Day Celebration, and the John Lewis Memorial. During the first nine months of 2020, RIST-NCR officers deployed a total of 1,411 days with many officers deploying on more than one occasion. The RIST-NCR was specifically asked to deploy officers on 31 occasions for 349 days. Because RIST-NCR team members had the required skill sets and experience, RDB also contacted individual team members to support an additional 25 non-RIST-NCR deployments totaling 1,062 days.

Many of the RIST-NCR deployments have supported ASPR traditional roles served by team members in the HHS Secretary’s Operation Center. These roles include information management, mission planning, resource coordination, and serving as agency representatives communicating vital information across response stakeholders. Because RIST-NCR officers have extensive experience in these areas, they are frequently called upon to serve as leaders. Additionally, RIST-NCR officers have augmented the Public Health and Medical Unit at the Federal Emergency Management Agency (FEMA) National Resource Coordination Center (NRCC), serving an important link between FEMA and the Department of Health and Human Services (HHS).

At the NRCC, officers coordinate with other emergency support functions (ESFs) to secure vital resources to aid in response operations. During the Puerto Rico earthquake response, CDR Karen Chaves coordinated between ESF-8 (Public Health & Medical), ESF-1 (Transportation), and ESF-12 (Energy) to facilitate the delivery of critical medical supplies and reconnecting hospitals to the power grid. During the COVID-19 response, CDR Monica Munoz and LCDR Xinzhi Zhang facilitated information exchange between Congress, HHS, and FEMA enabling the deployment of USPHS officers to a rural nursing home that was inundated with COVID-19 cases. Additionally, they assisted in providing administration senior officials with critical information about personal protective equipment needs early in the pandemic when supply levels were critical in some areas of the country.

In addition to team deployments, RIST-NCR officers have a range of highly desirable skill sets. Early in the COVID-19 pandemic, a cruise ship with over 440 United States citizens onboard made global news as the virus spread among the passengers. A total of 96 citizens became infected with COVID-19 with 52 being hospitalized in Japan. CDR Qiao Bobo was deployed as a data analyst to track and chart the clinical progression of the 13 critically ill patients. Data analysis of the medical care provided to these individuals greatly facilitated establishing standards of care for COVID-19. Months later, the need for an expert epidemiologist resulting in CAPT Sukhminder Sandhu deploying as part of the North Carolina Community Strike Team. This team was responsible for supporting health departments throughout the state primarily by conducting case investigations. Some of the health departments also sought assistance in analyzing the data to help identify gaps and specific areas of concern in their jurisdictions. This work was vital in assisting to reduce the backlog of case investigations in the state.

CAPT Jennifer Malia deployed as a member of the HHS Testing and Diagnostic Working Group that was developed to aid states and jurisdictions through technical expertise and tangible resources. CAPT Malia coordinated with a multidisciplinary team of experts from the Centers for Disease Control and Prevention and ASPR to support COVID-19 testing goals. This work required rapidly understanding state and jurisdiction testing platforms and capabilities, coordinating activities with public health laboratories, facilitating the dissemination and monitoring of resources, and working to improve capabilities of local testing laboratories. This initiative was significant in ramping up state and jurisdiction testing capacity.

Officers from the national capital region interested in serving on RIST-NCR should contact the Team Commander CAPT Sally Hu at sally.h.hu.mil@mail.mil for information.
Crowdsourcing Public Health Advocacy Goals

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

Founded 20 years ago, the Commissioned Officers Foundation for the Advancement of Public Health supports educational, training, and research activities, with a special emphasis on the US Public Health Service and the USPHS Commissioned Corps. Among the Foundation’s strategic goals is advocacy for public health and public health leadership. While we are still battling the COVID-19 pandemic, it’s not too early to recognize that when it comes to the public health system in the United States, many of the enhancements and reforms that we and other public health-focused organizations recommended and sought for so many years were not equal to the need, even if they had been implemented. Every aspect of the public health system must be reexamined, reconsidered, and rethought.

That is why we have crowdsourced ideas to improve the public health system. Below are some of the many suggestions we received from current and retired officers. We cannot advocate for everything at once—we will have to focus on what is both the most necessary and the most practical, while recognizing that modest changes will not prepare us for the next pandemic or help us to solve the enduring public health problems that have made the US population less healthy than those of many other high-income countries.

1. Grow the Commissioned Corps to a total strength of at least 15,000 Regular Corps (active duty) officers with a Reserve Corps of at least 2,500. Officers would be assigned to every state health department and to some of the larger city and county health agencies, as well as to the National Health Service Corps to expand care for underserved populations, in both urban and rural communities.

2. Encourage service in the USPHS Commissioned Corps as an entry point to a career in public health. Offer student loan forgiveness and health professions scholarships in exchange for service in the Corps, including to all current as well as newly commissioned officers.

3. Expand training opportunities for health professionals in all agencies where commissioned officers serve.

4. Recruit health information technology professionals into the Commissioned Corps with training opportunities and scholarship programs.

5. Create a new structure from the eight operating divisions of the Department of Health and Human Services that currently constitute the USPHS, to be headed by the Surgeon General. Since these operating divisions account for less than 15% of the DHHS budget, DHHS is an insurance company (CMS) with a small public health presence. We need a new agency whose sole focus is health security, health promotion, disease prevention, and direct care for underserved populations, not just reimbursement policies. The new structure should include the Offices of the Assistant Secretary for Preparedness and Response and the National Coordinator for Health Information Technology.

6. Make the Surgeon General a cabinet level position with a four-star rank and a permanent seat on the National Security Council.

7. Coordinate national public health plans with states. We wouldn’t fight a war against a foreign adversary with each state and territory pursuing its own strategic war plan. Why are we fighting COVID-19, the opioid epidemic, hypertension, stroke and cardiovascular disease, asthma and respiratory diseases, obesity and poor nutrition, and other health priorities with over 50 different strategic plans?

8. Use fiscal policy at the Federal, state, and local levels, targeting activities and products that can be seen as “anti-health,” to generate revenue that will ensure a steady and adequate source of funding for public health agencies.

Please send your ideas and your feedback to Frontline@coausphs.org, with the subject line “Future of Public Health.” We’ll follow-up in this column and on our website.
February 5, 2021

The Honorable Joseph R. Biden  
President of the United States of America  
The White House  
1600 Pennsylvania Avenue NW  
Washington, District of Columbia 20500

Dear President Biden,

I am writing to bring to your attention an issue regarding the uniformed services flags that are flown at United States Federal ceremonies. The flags of the U.S. Public Health Service (USPHS) Commissioned Corps and National Oceanic and Atmospheric Administration Officers Corps (NOAA Corps) are never on display at these official occasions.

The USPHS and NOAA Corps are two of the eight uniformed services. The omission of their flags at the Federal events do not honor the contributions of their service members to the United States. While they are not armed with military style weapons, their combat mission is battling unprecedented public health challenges. They are first line of defense and guard the health and safety of our Nation. Both services are deployed during infectious disease outbreaks (Ebola, COVID-19), hurricanes, natural disasters, oil spills, and other humanitarian and environmental emergencies.

I am requesting that the flags of the USPHS and NOAA Corps be displayed at United States Federal ceremonies alongside the other uniformed services.

Thank you in advance for your consideration.

Sincerely,

Jacqueline D. Rychnovsky, PhD, RN, CPNP, FAANP  
Captain (retired), U.S. Navy  
Executive Director  
jrychnovsky@coausphs.org
Living Through History

by CDR Kelly Valente, PharmD, MS, BCACP

A little-known fact about me… I am a Broadway show junkie. Since the seventh grade I’ve always found one lyric in a show that resonates and always carry throughout my life.

Today, I write this with the spirit of Lin Manuel Miranda’s Hamilton. In Act 1, the Schuyler sisters state “History is happening…” Who knew a year ago as we made our resolutions to get healthier or save money that in the coming weeks, we would be a part of history?

We have shown to the world our calling, our duty. We have taken care of our nations’ sick and strived to mitigate this crisis. Whether deployed or not, we were all hands on deck. Thanks to our former Assistant Secretary of Health, we now have our second Presidential Unit Citation in six years.

On January 22, I received my first dose of the COVID-19 vaccine. As the needle was going in, I experienced a multitude of feelings. The first was one of responsibility to tell others how few side effects, if any, they may get from the vaccines. The benefits clearly outweigh the risks of such safe and effective vaccines.

I also felt elated about the future of not wearing masks, visiting with friends, and traveling freely. We need more people to get vaccinated before that happens but it’s coming.

Another feeling was hope. This was the reward for all the hard work, late night and early morning calls, weeks at the house, and playing homeschool teacher. There is hope for daily life to return to normal.

I also felt change. From testing to treating to prevention for over 300 million Americans. As we charge forward, know that the end is in sight and as was sung in Hamilton, “History Has Its Eyes On You.” Our fellow Americans are watching us as officers in the world’s only uniformed service dedicated to public health. Let’s make them proud.

Author’s note: Thank you to COA member CDR Anna Santoro, PharmD, for making me a Hamilton-inspired “I am not throwing away my shot” t-shirt. Don’t throw away your shot, get your COVID vaccine!

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Six Openings
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Field (outside DC),
Retired, Scientist.
Deadline is COB on April 2.

Apply online at https://www.surveymonkey.com/r/RTQMGZS
VA Update: Solid Start Having Impact

by John McElligott, MPH, CPH

Since its launch in December 2019, the VA Solid Start program has connected with over 70,000 newly separated service members at the 90, 180, and 360-day marks after separation. That was 56% of the approximately 124,000 service members who separated in fiscal year 2020.

Those phone calls led to more Veterans using their earned VA benefits and, according to previous VA Secretary Robert Wilkie, “helping Veterans in crisis immediately connect with Suicide Prevention Specialists.”

President Donald J. Trump signed Executive Order 13822 in January of 2018, writing, “our Government must improve mental healthcare and access to suicide prevention resources available to veterans, particularly during the critical 1-year period following the transition from uniformed service to civilian life.” In response to the order, the VA, Department of Defense, and Department of Homeland Security created VA Solid Start.

If you or another recently separated Veteran has not been contacted by VA Solid Start, then call 1-800-827-1000 to speak with a representative.

Find more information, visit https://benefits.va.gov/solid-start.

USPHS Scientific and Training Symposium Plans for 2021 and 2022

by CDR Deborah Dee, PhD, MPH, Symposium Planning Committee Co-Chair

After careful consideration and in consultation with the Chairs of the Symposium Planning Committee, the PHS Commissioned Officers Foundation Trustees have made the difficult decision to postpone the 2021 USPHS Scientific and Training Symposium. We are saddened to have lost the opportunity to gather in 2020 and again this year, but as stewards of public health, we know it is our duty and responsibility to follow the guidance that will best contribute toward ending the coronavirus pandemic. The rescheduled Symposium will be held May 23-27, 2022, at the Renaissance Hotel in Glendale, Arizona.

Despite being unable to gather in person, we want to ensure that officers have networking, training, and continuing education opportunities in the interim. Thus, the Symposium Planning Committee will offer a variety of virtual content throughout 2021, including:

• On-demand scientific presentations by officers, similar to the track presentations offered during the live Symposium.
• Category-specific content.
• Special live and simu-live presentations on hot topics of critical interest to PHS officers.

The Commissioned Officers Association also plans to continue its series of monthly keynote presentations.

Check the Symposium web page at https://www.phscof.org/symposium.html and watch your inbox for additional details as they are developed. We look forward to connecting with you virtually in 2021 and seeing you in person at the 2022 Symposium in Arizona.
In service of the greater good.

Merck has a long history of providing medicines and vaccines to help improve the health of people worldwide. Shoulerding the world’s biggest challenges takes courage—something you understand. If you’re ready for a new mission, we invite you to join us, a team of inquisitive thinkers dedicated to healthcare innovation and global medical advancement.


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Happy New Year! I hope things are going well for you and your family. As Co-Chair of the COA Outreach Committee, I offer ideas on how to recruit officers who are not current members of COA. Besides talking about the many ways COA advocates for officers on a daily basis, there are many other effective ways to recruit new members. Please consider using some of the following ideas to increase COA membership because COA needs you and you need COA!

1) Bring an officer to a local branch meeting. This may sound too simple, but it can easily be overlooked as we go about our busy work day. In the meeting itself, encourage others to bring someone in the future. Ask your invitee to share personal interests and make him or her feel welcome. Make branch meetings fun and productive so members will want to attend on a regular basis and non-members will want to join.

2) Reach out to inactive or delinquent members. Inquire as to why the officer stopped attending meetings or dropped his or her membership. Is the officer too busy in his or her workday or has the local branch stopped meeting his or her needs? Maybe the meeting is held at a time that conflicts with the officer’s work schedule? A five- or ten-minute conversation could yield information useful to the entire chapter and could serve to encourage officers to reconsider COA involvement/membership.

3) Share Frontline. Nothing showcases COA better than our newsletter. Share your hardcopy or a link to content on the COA website. Tell colleagues about an article you found useful in a recent issue.

4) Energize your local branch. Invite members and non-members to join activities. Frontline has published numerous ideas of successful activities in support of officers and communities. Helping others feel like a part of a worthwhile group can demonstrate the value of membership.

5) Discuss the membership elevator speech. In local branch meetings, practice your pitch to recruit non-members. Include the mission of COA (…to protect and enhance the public health and safety of the United States by supporting and advancing the interests of the Commissioned Corps and its officers,), the biggest benefits of membership (representation on Capitol Hill, working for parity with our sister services, a wide variety of discounts, etc.) and why it is valuable to be a member of COA (local branch comradery and connections).

Are there other recruitment ideas out there? Undoubtedly. Be creative! Practice outreach for COA so COA can work for the good of the USPHS. Thank you.

COA Call for Awards

The COA Awards Committee is soliciting nominations by February 28 for the following awards:

Health Leader of the Year
Recognizes individuals who have made notable contributions to the health of the Nation.

Local Branch of the Year
Recognizes the exceptional accomplishments of our Local Branches. Each year, a Large Local Branch (more than 60 members) and a Small Local Branch (fewer than 60 members) are recognized for their well-deserved efforts.

Civilian Outstanding Support of the USPHS
Presented to those civilian (individuals and/or groups) who have distinguished themselves in service to the Commissioned Corps.

Retiree of the Year
Recognizes excellence in continued service and contributions beyond active duty or government civilian service to the Association, PHS Commissioned Officers Foundation, and to the members of local branches.

TWO NEW AWARDS

Local Branch Member of Year Award and Local Branch Leader of the Year Award.
These awards will enable COA local branches to further recognize the great work being done by their members and branch leaders throughout the year.

Applications details are online at https://coausphs.org/page/Awards.

The nomination deadline is 11:59 p.m. ET on Sunday, February 28, 2021.

Please consider nominating deserving individuals and COA Branches for a COA award!
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The deadline to apply for Autumn 2021 is April 1.

Learn more: go.osu.edu/pmdnp2021

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PHS History: LCDR Richard Moraites and the 1958 Bering Sea Patrol

by CAPT Esan O. Simon, MD, MBA, FS, USPHS

As PHS officers around the world approach the one-year mark of responding to the numerous complexities and downstream effects of the COVID-19 pandemic, it is worth pausing to reflect on the efforts of officers before us. Doing so may give us encouragement to continue in whatever seemingly daunting situation we may find ourselves. Below is a first-person account from 90-year-old former LCDR Richard Moraites, MD, (promoted to O-4 during this assignment) from a heroic 1958 mission in the rugged Bering Straits of the Arctic Circle while assigned to the U.S. Coast Guard Cutter (CGC) Northwind (WAGB 282).

“I received BS and MD degrees from the University of Cincinnati. During my internship at the Detroit Receiving Hospital via Wayne State University, I signed up with a program to join the U.S. Navy. I found, however, that all the services except for the Coast Guard were filled with doctors. I was told of a CG vessel in Rhodes, Greece and, since I was of Greek descent and spoke the language, I was to go there when the post became available.

In the meantime, I was sent to a two-man clinic at the ship channel at Houston and from there sent to Seattle to make the 1958 Bering Sea Patrol on the CGC Northwind. The ship made medical stops at some 40 Alaskan Native villages to render treatments, arrange for advanced therapies requiring the lower states, and supervise chest x-ray filming of as many natives as possible for tuberculosis control.

During the patrol at the Pribilof Islands, I did an appendectomy on a young Ensign who had joined the ship only ten days earlier at Kodiak. He had been hospitalized twice at the CG Academy hospital for observation regarding possible appendicitis.

On August 10, 1958, the ship anchored off the village of Teller, at the Arctic Circle near the Bering Straits. We were seeing patients in a local schoolhouse, when a native family suddenly appeared presenting me with a 34-day old unresponsive, cyanotic infant that appeared dead. I was surprised to see the baby respond to forced mouth to mouth resuscitation. I could detect lung noises indicating pneumonia. Oxygen tanks were flown in from the ship and plans were made to fly the baby by helicopter to a hospital at Nome.

Then, a second family appeared with a young woman who was in the late stages of pregnancy; she delivered a 6.5 lb. female infant on the schoolhouse table. She became the first God child of the ship.

The helicopter then flew the pneumonia baby with me holding her in a blanket with a rigged oxygen setup some 70 miles, in bad weather, to the small hospital at Nome. We were later informed that the infant had recovered from her pneumonia and was discharged after her hospital stay.

On November 18, 2019, we discovered that the pneumonia baby rescued in the fight to Nome is still living. She is in her sixties, in good health, and has grandchildren.

I received letters of commendation from the USPHS Surgeon General and from the Commandant of the US Coast Guard for my duty on the NORTHWIND and the COURIER.

After service separation, I took a residency in dermatology and in private practice did mostly Mohs surgery for skin cancers in Cincinnati. I was a volunteer associate clinical professor of dermatology at the University of Cincinnati College of Medicine and retired in 2014 after 58 years of medical practice.”

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.
What Does It Mean To Have Hope?

One acronym for hope that I found online was “Hold On, Pain Ends.” I didn’t really connect with this acronym, however, because pain has a way of cycling back to us as opposed to ending. I felt as if hope must mean more than this.

In ancient times “hope” had a neutral meaning as the expectation of good OR evil. I tend to see hope, as most people do, as just an expectation of good so I didn’t understand this. In Hebrew and Greek, hope is translated as “refuge” “shelter,” “foreboding,” or “contrary to all human expectation.” So hope does, therefore, have both a positive and a negative connotation. Think of it this way, the reason to have hope has to come from being in a state that is not ideal.

One of my favorite quotes from Star Wars: The Phantom Menace was when Yoda said “Fear leads to anger. Anger leads to hate. Hate leads to suffering!” It reminds me of a verse from the Bible which states, “suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame.” (Romans 5:3b-5a, TNIV). Whereas Yoda showed the progression of negative emotions leading to a poor state of being, this verse shows how negative states can convert to positive states of being. Having hope means that both of the components of hope, ideal and less-than-ideal, work in concert in our life every day. It is, therefore, completely natural for us to gravitate toward hope as we cycle through pain in our lives.

One of my textbooks said that hope “stabilizes the soul like an anchor.” An anchor, just like the one on our device! What a fitting metaphor that the fouled anchor we use to represent our Corps, balanced against the medical caduceus could be viewed as the stabilization that we provide as medical and scientific professionals during crises. We provide hope. May we all rest in that thought as we look toward tomorrow.

Lent is a Christian observance. It is a 40-day period of reflection and repentance marked by fasting, prayer, and almsgiving. It ends before the celebrations which mark the Christian holy week. During this time you may see “smudges” on worshippers foreheads as they begin this period. You may also hear that people are “giving up” various foods or activities as they observe this time of fasting and prayer.

Spiritual Exercises

1. Explore different beliefs about hope. What do your holy texts say?

2. Journal about your challenges and your hopes for the future. Is the wording more negative or positive?

3. Pray or meditate on your current level of hope. Ask where hope comes from and how you can increase your hope.

4. Make a change! Even the smallest change can help you feel that something is being done and change can happen. Remember that baby-steps are still steps!

Questions? Comments? Additional Information Requests? Contact me at khredman@hotmail.com.

We Welcome New Members of COA, December 1, 2020 to January 31, 2021

LT Patrick Brown  
LT Brett Dodd  
LT Maria Doran  
LT Nathan Drew  
CDR David Gwisdalla  
LCDR Donald Hay  
LCDR Elliott Hill  
LT Ben Humrighouse  
CDR Thomas Janisko  
Ms. Taylor Kaiser  
LCDR Jonathan Lau  
LT Shauna Lee

LT Mary Luc  
LTJG Andrew Mattocks  
LT Julia Olson  
Ms. Krista Olson  
LT Romilly Ortiz  
LT Letaya Robinson  
LT Rachel Sabatura  
LT Andrew Su  
LT Alex Weigle  
CDR Kathleen Williams  
Mr. Neges Woldeamanuale  
LCDR Christie Zerbe

COA Donations
Commissioned Officers Association of the USPHS
Donations Received, December 1 to January 31, 2021

CAPT James Sorenson  $1,000
Reader Feedback

I just read Frontline and it always amazes me how COA can accomplish so much with so very limited resources. As a life member since I commissioned 15 years ago, I see the value of COA and it has proven exponentially over the years.

I want to express my deepest gratitude to you, and the rest of the COA staff. Your leadership, dedication, and perseverance in fighting for the Corps improves the lives of this nation as well as the officers (active & retired), and it means a great deal for all.

From CDR Jerry Zee, PharmD, MPH, CPH

Shannon James, Esq
Law Offices of David P. Sheldon, PLLC
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VA Update: Dial 1-800-MyVA411

by John McElligott, MPH, CPH

When you need emergency responders, dial 911. When you need anyone listed in the phone directory, dial 411.

Now, you can call one number to access all VA contact centers. By dialing 1-800-MyVA411, veterans, their families, and caregivers can contact the VA 24 hours-a-day, 365 days-a-year. Maybe you need to confirm health care eligibility and enrollment, discuss VA benefits, connect with the nearest VA medical centers or offices, or get technical support for www.VA.gov. Dial 1-800-MyVA411.

VA Secretary Robert Wilkie said, “1-800-MyVA411 provides easy access to specialized contact centers as well as an option to immediately talk to a live agent.” Press 0 to be connected with a customer service agent.
New England COA Rucks for Those Who Cannot

by LT Chelsea Makowicz and LCDR John Mistler

On September 12, 2020, the New England Branch of the Commissioned Officers Association (NECOA) participated in the 26.2-mile Boston Tough Ruck Marathon. NECOA members were joined by participants from all uniformed services, firefighters, EMS, police, and civilians. The 2020 Tough Ruck Marathon was virtual and consisted of approximately 1000 participants in several race divisions, all carrying weighted ruck sacks of 15 to 35lbs.

The Boston Tough Ruck Marathon has been held each year since the tragic Boston Marathon bombing in 2013. Under normal times, the Tough Ruck kicks off Patriot’s Day weekend in Boston, and thousands come out to cheer on the marathoners. While this year’s race looked different, the spirit of the day was upheld by those participating.

NECOA entered a team for the fifth year in a row. Three supporters provided five NECOA participating members with much needed support such as water, caffeine, fruit and encouragement.

The NECOA team was extraordinary! The team consisted of CAPT Dominic Frasca, LCDR John Mistler, LCDR Mark Arena, LT Chelsea Makowicz, LT Sean Marcisin, Stephanie Poitras, Wendy Arena and Garrett Poitras. Officers exemplified comradery by encouraging and helping each other throughout the event. The virtual platform and technology allowed the team to be in constant communication, letting team members embrace the highs together and motivate each other through the lows. 26.2 miles is a long way to carry 35lbs. Nevertheless, all NECOA participants finished strong, and many were in the top of their race divisions.

Most importantly, the Boston Tough Ruck Marathon has raised over $2 million for families of the fallen and other military families in need. NECOA is proud to help support our veterans and we are looking forward to the next year’s ruck.

RADM Helena Mishoe Diversity “Believe” Scholarship

Applications due 2/28
Supports high school seniors from populations burdened by health disparities.
Details at https://www.phscof.org/mishoe-believe-scholarship.html

Finisher medals earned by NECOA members.
With more than 30 years as a health care professional and established educator, Professor George W. Contreras, M.P.H., M.S., M.E.P., CEM, FACEM, continues to play a fundamental role in public health. He serves as assistant professor at the School of Health Sciences and Practice (SHSP), assistant director for the advanced certificate in emergency management program and assistant director for the Center for Disaster Medicine at New York Medical College (NYMC).

Professor Contreras’ experiences range from emergency medical services and disaster management to international disaster response and health services administration. Working on the frontlines during the COVID-19 pandemic, he understands the importance of implementing preventative measures during public health emergencies. His experience as an educator and paramedic prompted him to develop and implement the first college-based paramedic program in Brooklyn, New York, which received national accreditation.

Public Health

Learn from experts like Professor Contreras and benefit from the strong working relationship between NYMC and 11 commissioners of health and public health directors on the SHSP faculty in the Master of Public Health (M.P.H.) program at NYMC. Accredited by the Council on Education for Public Health, the M.P.H. program offers important opportunities for students to engage in public health challenges through applied practice experiences and capstone projects, encouraging them to support change, as well as analyze, develop and execute policies to 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 can experience the real-life applications of their education.

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For more information about the program or tuition discounts, visit www.nymc.edu/usphs, or contact the SHSP Office of Admissions at shsp_admissions@nymc.edu or (914) 594-4510.
Lieutenant Telfer is a Physical Therapist (PT) and Certified Lymphatic Therapist stationed at Gallup Indian Medical Center in Gallup, New Mexico.

Before commissioning with the USPHS in April of 2018, LT Telfer served in civil service as both an inpatient and outpatient PT. Some of his first duties as a new officer were to present on ergonomics and lifting safety during new employee orientations, promote lifelong learning through books clubs for health professionals, and conduct regular wheelchair and lymphedema clinics. In 2019, he started an online Master of Public Health program through the University of Arizona and began teaching PT during an 8-week internship. In 2020, LT Telfer became a credentialed Clinical Instructor through the American Physical Therapy Association and served as an instructor for a PTA student internship.

When the COVID-19 pandemic hit the Navajo Nation in March of 2020, LT Telfer was called to serve on the Incident Command Logistics team to track, monitor, and advise on use of personal protective equipment (PPE). He continues to gather data of PPE requirements throughout Gallup Indian Medical Center and advise hospital leaders on a frequent basis. Doing so promotes the safety of frontline staff and allowed the 50-bed inpatient facility to increase capacity by 30% in April-July of 2020 and adapt throughout the current uptick in cases.

On top of his PT duties and MPH program and internship, LT Telfer conducted nasopharyngeal swab tests at the Gallup Indian Medical Center’s drive-up COVID-19 testing clinic. He now serves as a co-leader and logistics coordinator of their drive-up influenza vaccination clinic and is helping to prepare the hospital to deliver COVID-19 vaccinations.

LCDR Kayla Dewitt Named AI/ANCOAC Junior Officer of the Year

A citizen of the Chickasaw Nation, Lieutenant Commander Kayla Dewitt, DPT, was recognized as Junior Officer of the Year by the American Indian/Alaska NativeCommissioned Officer Advisory Committee (AI/ANCOAC).

LCDR Dewitt is a physical therapist at the Oklahoma City Indian Clinic, where she has been serving First Americans for eight years. She is a certified fall prevention specialist and will be certified as a therapeutic pain specialist in March 2021.

In an interview with the Chickasaw Nation, LCDR said, “It’s an honor to receive this award. I want to thank the Chickasaw Nation, Oklahoma City Indian Clinic, the Indian Health Service, and my family for their encouragement and support. I hope I can continue serving First Americans for many, many more years.” She went on to say, “I’m passionate about promoting, protecting, and advancing the health of the Native American population.”

Connect with AI/ANCOAC online at https://dcp.psc.gov/OSG/aiancoac/. The award announcement for LCDR Dewitt was originally published by the Chickasaw Nation on November 19, 2020.

COF Grants Manager Lynn Abrahamson

The Commissioned Officers Foundation for the Advancement of Public Health (COF) is pleased to announce that Lynn S. Abrahamson, MPH, RN, has joined the organization. She will serve in a new part-time role as the dedicated Grants Manager to coordinate all activities related to COF grants, scholarships, and awards.

“I am very much looking forward to building upon an infrastructure that values public health and frontline service,” said Abrahamson. “These are incredibly challenging times and working to support those dedicated to improving our nation’s health is an honor.”

After obtaining her Bachelor of Science in Nursing from the University of Pennsylvania, Lynn worked in several direct service and management positions while starting a family. By the time her children were in school, she had completed her Master of Public Health at the University of Connecticut.

After working in project management roles and as a clinical specialist for the Connecticut Poison Control Center, Lynn spent five years addressing health care workforce shortage issues in the Area Health Education Center system. These roles prepared Lynn for her true passion - local public health.

After working as a public health nurse and director of community health services, Lynn became director of a local health district in Connecticut where she oversaw a staff of 45 and $3.3 million budget. During this time she also served in leadership positions with the Connecticut Public Health Association, the Connecticut Association of Public Health Nurses, and the American Public Health Association. In 2019, she turned to freelance grant work.

Abrahamson is based in Albuquerque, where she is enjoying the incredible vistas and culture of New Mexico. Please join us in extending a Welcome Aboard to Lynn!
Join us for February’s event:

PANDEMICS ARE PERSONAL.
PUBLIC SERVICE,
PRIVATE RESILIENCE.

WHO  RADM (ret.) Anne Schuchat, MD
DATE  Tuesday, February 23, 2021
TIME  5:00 PM ET

REGISTER
https://tinyurl.com/febcoagathering
OBITUARIES

LT Relia Tolentino Atienza

by CAPT Josef Rivero

Lieutenant Relia Tolentino Atienza, a Life Member of the Commissioned Officers Association, passed away on January 4, 2021. LT Atienza was born in Maddela, Quirino Philippines on March 11, 1975 and graduated from nursing school in 1995. She came to the United States in 2003 and joined the National Institutes of Health (NIH) Clinical Center in 2007. She went on to obtain her Family Nurse Practitioner degree from Bowie State in 2015, after which she joined the National Heart, Lung, and Blood Institute as a nurse practitioner in 2016. At the Clinical Center, LT Atienza was beloved by her patients, and she returned that by being their fiercest advocate. She was known amongst her colleagues for her upbeat and positive attitude and wonderful sense of humor. No matter how bad the situation, she always kept those around her focused on the positive things in life. One of her many talents included cooking, and she loved keeping her clinical team well fed with her most recent recipes.

LT Atienza dreamed of serving her nation in uniform. On March 22, 2019, she commissioned as a Lieutenant in the U.S. Public Health Service Commissioned Corps. LT Atienza jumped into that role with the same tenacity that made her an outstanding nurse practitioner, and within a few months of being sworn in, voluntarily deployed as a medical provider supporting the Customs and Border Patrol Screening and Treatment Mission. Upon return from this successful deployment, LT Atienza was selected for the Surgeon General’s Ceremonial Drill Team. This elite USPHS drill team marched in the National 4th of July parade in 2019 and during the Veteran’s Day celebration in Arlington National Cemetery.

Her untimely passing is a profound loss to her family, friends, the NIH, and the Corps. She will be forever remembered for her dedication to her patients, her patriotism, and her selfless service as a USPHS officer protecting, promoting and advancing the health and safety of our nation. She is survived by her husband Paul, two children Marielle and Paolo, and her mother. Please keep them in your thoughts and prayers. A viewing was held on January 10, 2021.

CAPT Donald Dean Morgan

Captain (retired) Donald Dean Morgan, 85, passed away on October 27, 2020, in Goodyear, Arizona. Born in Columbus Junction, Iowa, on February 22, 1935, he graduated from Columbus Junction High School in 1953 and served in the U.S. Navy and the Naval Reserve for 8 years. After the Navy, Don earned his degree in pharmacy from the University of Iowa.

Don married Barbara (Rosene) in 1954 and they had two daughters, Donna Morgan and Deana (Morgan) Irvine. They moved to Prescott, Arizona in 1963 where Don served as Chief Pharmacist at Yavapai Community Hospital. He commissioned in the USPHS in 1973 and became a life member of the Commissioned Officers Association of the USPHS in 1975. CAPT Morgan served for 31 years in the Indian Health Service. CAPT Morgan worked at San Carlos, Towaoc, Cibecue, Kotzebue, Phoenix, Anchorage, and Denver, filling roles of pharmacist, facilities planner, and personnel director. After 35 years of Navy and USPHS service, he retired in 2004.

In 1992, he married Rachel (Lopez) Morgan. They lived in Alaska and Colorado before retiring in Arizona in 2005. CAPT Morgan was a deacon at Avondale Baptist Church.

CAPT Morgan is survived by his wife Rachel Morgan, daughters Deana Irvine (David) and Donna Morgan, stepdaughter Julieta Noble and stepson Morgan Ellig (Natalie), brother Dave Morgan (Jane), sister Nancy Fischer (Jerry), 8 grandchildren and 10 great grandchildren: Matthew Irvine (Emily) and their children Halle, Noah, Sara, Luke, and Alice, Josh Irvine (Kristin) and their children Eli, Soraya, Baden, and Conrad; Rachel Irvine, Beth Irvine; Rebecca Carson (Tyler), Zach Morgan (Mandy) and their child Noah, Hannah Diener, Grace Adams; and 3 step-grandchildren Rocco, Asher, and Indigo Ellig, plus several “adopted” grandchildren.
very long, but the years were very short, and the three years have passed so incredibly quickly.

Joining the Team

“I learned of my potential nomination right after the election in 2016 but wasn’t officially brought on board until February 2018. Before the confirmation, one of the few groups that I could talk with was the Commissioned Officers Association which gave me a great head start on understanding, even in more depth, what the Corps is all about.

A Range of Emergency Responses

“I think everybody knows that during the last three years, we have faced, and continue to face, some of the most daunting threats to our nation’s health: hurricanes, wildfires, earthquakes...that sort of thing. I’m not going to say run of the mill, it’s never run of the mill, but that’s straight down the fairway for the Commissioned Corps. And we also faced a couple of things that I don’t need to remind everyone about, number one, the humanitarian border crisis with unaccompanied children on the southern border. I think even though COVID-19 overshadows that in the numeric of the response in the global deaths. I think the response to the border crisis was emotionally trying and difficult on our officers, probably more than any mission that we’ve done before.

COVID Pandemic

“We’re now up to 4391 officers who have deployed; that’s 4391 out of 6100 and they continue to deploy, almost 12,000 times, to support the pandemic response. And those who have not deployed have really been on the front lines at their day job. I sincerely appreciate all those who are on active duty in the Corps, and your families, for doing this. It has been a remarkable and historic effort.

Impact of the Border Mission

“I said it, but I’ll say it again, I think we, I’m very proud that we rose above politics on the southern border mission. To provide health care, and to be quite honest, just plain old compassion to the people who really needed it. I went down to the border four times and can tell you, it affected me deeply. And I feel for the officers deployed or cared for patients on this mission, often at great personal cost.

PACE Fighting HIV

“We’ve been able to put our officers in some new roles, and I hope that COA appreciates that, as part of the modernization plan. We really wanted to position officers not only in their day jobs, and not only when there’s a public health emergency, but in really novel roles. I’ll give you a couple of examples. Number one, the PACE Teams who are deployed to three of our regions were really at the pointy end of the spear for ending the HIV epidemic. I transitioned contractor roles to full time officers and they’re doing exactly what they should be doing—being outstanding communicators. They know all the agencies, they work with the governors, the legislators, they work with the public health workers. And it has been a near miracle what they’ve been able to accomplish in just a short period of time.

Opioid Teams

Another non-traditional role was working on the opioid Rapid Response Teams. Now the good thing is, we didn’t have to do it very much because prevention really prevented it. But we worked with the DOJ to take down pill mills. For those who might have been addicted to opioids for chronic pain, there was no transition plan to treat these individuals, but the Corps stepped up. And I think these are two really great examples of using the Corps in those roles that are somewhat between our normal daily work and these types of deployments and using them in an interesting and novel way.

Joint Environment

“I want to highlight that I think we’ve operated, probably more than any time in recent memory, in the joint environment that we’re in now. This was clear to me very early on. Without going into detail, a lot of tabletop planning with the armed forces occurred. There are very few people in the Army, Navy, Air Force, Coast Guard, and Marines who don’t know who we are now, and they’re working with us every single day and know the value we bring to the table.

Saving the Corps from Elimination

“I think you know that about three years ago there was a plan to eliminate the Commission Corps, and that is not an overstatement. That was the Office of Management and Budget plan. I came on board on February 15, 2018, and on March 19 we delivered a plan to the Secretary based on a few simple principles for modernization that I think were true to our Corps and our history, but really advanced us into the 21st century. The Surgeon General, the Secretary and I worked behind the scenes at very high levels. It’s clear that we worked extremely collaboratively with COA, who did a great job to increase awareness.

Five Priorities

“We need to sustain an increase the budgetary support for our service. The $50 million is spectacular, but if it’s one and done, it’s probably worse than not having it all. I think we need to work from our standpoint. COA needs to beat down the doors of Congress, the executive offices, everyone you know, to make everyone aware that training is not a one and done. It’s an ongoing need. That the Ready Reserve can only function if it’s consistently funded. We need to give the PHERST teams a chance. It is an experiment, it may fail, but we need to do the experiment and evaluate.

“The second thing we need to work together on is recruiting. Although we have the green light to recruit, our numbers are stagnant. The pandemic has been an incredible help to increase our visibility. It’s helped everybody know ‘The people in blue,’ but it’s also limited our bandwidth for recruiting. And God willing, when the pandemic starts getting under control in March and April and as vaccines go up and the weather gets better, our recruiting is going to be very high on our priority list, not just for the Reserves, but for the Regular Corps.
Tax Parity in West Virginia

by CAPT (Ret.) Margaret Filios, MSc, RN, CAPT Jennifer Hornsby-Myers, MS, CIH, CAPT (Ret.) Gregory Kullman, Ph.D, and CAPT (Ret.) Alan Echt, DrPH

West Virginia is a small and mostly rural state, but it is home to several Bureau of Prisons (BOP) facilities as well as a National Institute for Occupational Safety and Health (NIOSH) laboratory.

On September 20, 2017, an article appeared in a newspaper concerning the WV Legislature’s dis-cussion of a state income tax exemption for retired veterans. Here was an opportunity to ensure that the 49 USPHS retirees in West Virginia would be included in any state legislation, but where and how to begin?

It began with several telephone calls – one to Judy Rensberger at COA, a second to CAPT (Ret) Alan Echt, a member of Cincinnati COA, and a third to Delegate Barbara Evans-Fleischauer. Each helped the West Virginia COA branch as they looked to advocate for parity with veterans of other services. Judy provided early advice on how to proceed. CAPT Echt and CAPT (Ret) Larry Reed mentored WVCOA officers, sharing their knowledge and experience from the successful five-year effort by the Cincinnati COA to exempt USPHS retired pay from state income tax in Ohio (see the Septem-ber 2013 Frontline for the story). Delegate Evans-Fleischauer was our earliest champion and taught us how bills become laws in WV, the type of information legislators need, and helped con-nect us to the appropriate committees.

Active duty and retired WV USPHS officers met on their own time at a local cafe to plan their ap-proach. CAPT Echt shared examples of advocacy letters, emails, and informational documents de-veloped by Cincinnati COA. Since the 2017 bills in WV did not use the term “uniformed services” or include the USPHS or the National Oceanic and Atmospheric Administration (NOAA) in the list of military services covered by the tax exemption, initial efforts were directed toward amending the language to include USPHS and NOAA. Efforts were rushed, however, and ultimately unsuc-cessful—Governor Justice called a special session of the legislature in mid-October, so we had lit-tle time to prepare. House Bill (HB) 201 passed without USPHS and NOAA being included.

Getting state legislation changed takes sustained, persistent effort and timing is critical. In West Virginia, the legislative session is short; it runs just 60 days from January to March and there are often competing priorities. If a bill is to be passed into law, then it must be signed off early in the legislative session to have any chance of passage. Although Delegate Evans-Fleischauer sponsored HB 4262 to include the USPHS and NOAA during the 2018 regular session, this effort was not successful either, due to timing and emerging, urgent competing state priorities—notably, an end to the West Virginia state-wide teacher’s strike.

Fortunately, the 2019 WV tax code was changed exempting retired pay for USPHS and NOAA officers from state income tax (Article 21 Section 11-21-12 Paragraph (c) (7) (Q) http://www.wvlegislature.gov/WVCODE/code.cfm?chap=11&art=21#01). HB 2058, sponsored by Delegates Evans-Fleischauer, Pyles and Rohrback, and Senate Bill 472 sponsored by Senators Syplott and Baldwin, kept up the momentum. It appeared that the earlier efforts of WVCOA to edu-cate members of the WV Legislature about the USPHS bore fruit. Surprisingly, no one involved, including the House and Senate bill sponsors, knew of the change in the tax code until the authors were alerted by CAPT Echt in November of this year. Exactly how and when the revised code came about remains a mystery.

Still, these changes would not have occurred without building on the past work of our National and Cincinnati COA, the mentoring of CAPTs Reed and Echt and the support and guidance of Dele-gate Evans-Fleischauer. Officers across WV took the time to contact their state representatives and educate them about the USPHS and the critical work we do.
Smile Maker
Nears Finish Line with Seed Grant
by John McElligott, MPH, CPH

Smile Maker, which received $8,500 from the COF Barclay-Giel Seed Grants Program, is a program of the Florida Keys Area Health Education Center. They will deliver dental care to children through a mobile dental clinic. The COF grant pushed Smile Maker closer to their goal of $125,000 required to purchase and equip the mobile clinic.

The mobile clinic will travel from school to school delivering dental care to children who would not otherwise have access to a dentist or dental hygienist.

Despite the beautiful location, the Florida Keys needs more dentists. The population of 77,150 has only 22 dentists, which is twice the national ratio of 1639 persons per dentist. Smile Maker will help the most challenged target population of children whose families are using Medicaid. Many of the 22 dentists do not treat patients on Medicaid, leaving those children without dental care.

Smile Maker draws from Wallace Smith, DMD, and his wife Pam, who established the Miles for Smiles program in Dare County, North Carolina. Dr. Smith is also retired Captain Smith, who served as a USPHS dentist assigned to the Coast Guard.

For more information about Seed Grants, visit www.phscof.org/seed-grants. For information about Smile Maker, visit www.mobilesmilemaker.org.

GIROIR from page 20

“Third, we need to work collaboratively to improve the function and capability of CCHQ. It is a work in progress. It is a five-year plan because our information systems will take three to five years to implement. Rear Admirals Swartz and Orsega have done a really great job as they work toward streamlining our policies and processes.

“Fourth, I give myself, probably a C+ if not a B- on this one. We do have a lot of training opportunities, not just fellowships. But they really are more like an a la carte menu right now instead of a five-course meal. I wanted to work to weave the opportunities together into a cogent career development path for our officers. Right now, we don’t have a cogent career path or multiple career paths for our officers.

“And lastly, I think we need to always prepare for bad times. There are things that we’ve done that have been great. There are things where I would have wanted to do more, but for maybe the first time in history, we had the Secretary, the DEPSEC, the ASH, the Surgeon General, the DSG and CCHQ all in alignment. I’m praying that with Dr. Murthy’s influence and experience, we will make sure that the Corps is taken care of.

“I want to thank COA and the officers for really welcoming me into your family. It was invaluable as I prepared for this, the honor of my life. So, thank you for letting me be with you.”

The March issue of Frontline will include excerpts from the Q&A session with Admiral Giroir.
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January/February 2021 | Page 23