COA Advocacy in Action

by Jacqueline Rychnovsky, PhD, FAANP, CAE Captain (ret.), Nurse Corps, US Navy

On August 18, 2021, Commissioned Corps Headquarters (CCQH) announced that officers retiring or separating on or after October 1, 2021, will receive the DD Form 214 Certificate of Release or Discharge as their official discharge paperwork. Currently, officers receive a PHS Form 1867 Statement of Service upon retirement or separation. The PHS 1867 is less recognizable by outside organizations and state veteran’s programs which can cause roadblocks for Public Health Service Commissioned Corps veterans trying to access services after transition.

“This is an exciting time for the USPHS Commissioned Corps, and we thank all of you who expressed the need for this paperwork” said RADM Susan Orsega, Director of Commissioned Corps Headquarters. “It is our vision that the DD Form 214 modernization effort be the new standard of operation for the USPHS Commissioned Corps, aligning us closer with our sister uniformed services. We are working with the Office of the Assistant Secretary for Health’s Office of the Chief Information Officer to explore our system’s feasibility to support DD Form 214 for Public Health Service retirees. Officers are

see DD214 continued on page 17

2021 Member Survey

“The world is being overrun with data” said blogger Steven McDonald in a recent post about the importance of data-driven decision making. Some data are easily accessible, oftentimes sitting dormant in databases and dashboards, waiting to be used. Other data lives in the mind of the beholder, not accessible to others unless solicited, which is exactly why the Commissioned Officer Association (COA) launched an all-member survey in June of 2021. As we prepped to revise our Strategic Plan for 2021-2025, we felt it vital for members of the COA Board of Directors to know why you joined COA, why you stay a member, and how you envision your Association of the future. I am pleased to share a summary of the results with you in this column, and want to thank the nearly 800 COA members, 70% active duty and 30% retired, who took time out of their busy lives to respond.

Why did you first join COA?

When asked why members first joined COA, active duty officers did so upon recommendation from a supervisor,
COA Member Benefits

Capitol Hill Representation
Efforts on Capitol Hill continually support all Commissioned Corps officers – active, former, 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 and COA.

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

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.

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

Legislative Update
Progress on COA Priorities

by CAPT (ret.) Alan Echt, USPHS Chair, Legislative Affairs Committee

On August 18, COA members celebrated a victory in our ongoing efforts to secure USPHS Commissioned Corps parity with the Armed Forces when Commissioned Corps Headquarters (CCHQ) announced that the DD 214 will be issued to Public Health Service officers retiring or separating after October 1, 2021. COA has been advocating for CCHQ to issue the DD 214 since 2016. COA is grateful for the hard work and advocacy by many, including CCHQ staff, that made this victory possible.

The DD Form 214, Certificate of Release or Discharge from Active Duty is a Department of Defense form issued since 1950 when a servicemember retires or separates from active duty in the Armed Forces of the United States. It will take the place of the PHS-1867, Statement of Service as a U.S. Public Health Service Commissioned Officer. The DD 214 includes more details about your service career than the PHS-1867, including decorations, medals, and badges, foreign service, and other information.

CCHQ also announced that they were investigating whether their system could support issuing DD 214s to retired USPHS officers. Your COA Executive Director Jacqueline Rychnovsky immediately contacted CCHQ to determine whether a policy change is being discussed for those with a separation date prior to October 1, 2021. COA will update to our members as that issue evolves.

Advocacy was the number one issue members cited for joining COA in a recent survey. You can be sure that COA is not content to rest on our laurels after this victory and will continue to advocate for you on other issues this year and in the future. Our number one issue is protecting expiring leave that could not be used because of the exigencies of the pandemic response. COA is working on both a fix for you this year and a permanent solution.

Another issue on the agenda of your Legislative Affairs Committee is restoring Senate confirmation of USPHS officer promotions. The Presidential Appointment Efficiency and Streamlining Act of 2011 amended sections of the Public Health Service Act that address officer appointment and promotion by striking the words, “…with the advice and consent of the Senate.” Armed Forces officers above the O-4 grade are still subject to Senate confirmation.

The Committee is also working with COA leadership on expanding access to National Park Service Military Passes.

see LEGISLATIVE continued on page 19
CAPT (ret) Margie Wallace proudly served 30 years (and ten days) in the Engineering Category of the U.S. Public Health Service, starting in July 1991. Within days after her August 1, 2021, retirement, she graciously dedicated time to meet with the Commissioned Officers Association (COA) and shared her story as an officer. CAPT (ret) Wallace graduated from Lehigh University with a B.S. in Industrial Engineering in 1988. While working as a contract engineer, she attended a career fair in Cincinnati, Ohio and met CAPT (ret) Jay Jones representing the CDC’s National Institute for Occupational Safety and Health (NIOSH). She quickly asked a question familiar to many of us, “What’s the uniform all about?” Recognizing NIOSH as the pinnacle for occupational safety and health, she was excited to become a part of their mission and was proudly called to duty as a LTJG in the USPHS. She indicated she was extremely fortunate to serve with a group of forward thinking, phenomenal officers at NIOSH who worked collaboratively to advance the health and safety of the nation, all while mentoring each other to grow stronger, both personally and professionally.

CAPT (ret) Wallace shared many relatable experiences as she continued to grow as a research engineer while attempting to strike a balance in her life as an officer, partner, parent, and colleague. An amazing leader and mentor, CAPT (ret) Dennis O’Brien encouraged her to explore an advanced degree as part of her career development. By the end of 2000, after many years of night classes, she obtained her M.S. in Safety Engineering from the University of Cincinnati. It was around this time CAPT (ret) Wallace and her husband decided to move back east to be closer to their extended families, and so she accepted a position as the Promotion Coordinator within the Division of Commissioned Personnel (DCP) in Rockville, MD. Over the next decade, she served in multiple leadership capacities within DCP (and later OCCO) and provided oversight for Corps operations such as promotions, assimilations, awards, COERs, and flag officer and CPO boards. She recollected many technological advances to these processes as among her accomplishments. CAPT (ret) Wallace eventually transferred to SAMHSA where she served as the Agency Liaison until her retirement.

CAPT (ret) Wallace notably shared that, for her, the Commissioned Corps has always been about making and maintaining relationships and striving for effective communication. Participation in work groups, local and national level activities, and other offi cership opportunities has always been encouraged within the PHS. She relayed that no matter how big or small the activity, what you bring to the table speaks to who you are as a person. Activities are not about a check box to place on your curriculum vitae (CV) for promotion purposes. The focus should be the impact on the people you’re working for, working with, and the value of support you are giving as a public health officer for the community you are serving. CAPT (ret) Wallace continuously strived, regardless of her role, to be informative and transparent. “As the SAMSHA liaison, I believed one of my roles was to be useful and help officers navigate the PHS career track more easily.

see WALLACE continued on page 16
There are many heroes of the pandemic, and they are the workers on the front lines of public health and clinical care who have in many cases been fighting this battle for over a year and a half with no quick end in sight. That certainly includes all the active-duty officers in the U.S. Public Health Service (PHS), their retired colleagues, so many of whom have continued to serve in government and the private sector in support of health care and public health, and of course everyone who has gotten up day after day to fight this battle at no small cost to their physical, mental, and emotional well-being. We owe them a debt of gratitude that it will be difficult to ever repay.

Having established who succeeded, by doing hard jobs under arduous conditions, and persevering at those jobs, we can now talk about what didn’t succeed. What didn’t succeed was the public health system. We must accept that the public health system, as it evolved during the 20th Century, is not able to meet the challenges of the 21st Century. No amount of tinkering, of moving boxes around on the organizational chart, of limiting or expanding specific public health authorities at the state or federal level, and not even the tens of billions of dollars demonstrably needed each year for many years to come--often documented, occasionally promised, and never delivered--will be able to “fix” the public health system.

Over the past year, and certainly not for the first time, there have been articles written about the need to reimagine the public health system with suggestions about how to do that. Very little of what has been written amounts, in truth, to reimagining. Most of it is the same kind of tinkering and occasional Band-Aids called for on too many occasions in the past.

Focusing just on the United States, it’s clear that the way the federal government, state governments and local governments interact on public health has failed tragically (and not the first time) over the past 18 months. I’ve been told that the Constitution requires the system that we have. I don’t think so. Each state doesn’t get to decide whether to screen passengers at airports. Each state doesn’t get to decide which countries it wants to have diplomatic relations with. Many federal regulations, such as those from the Food and Drug Administration (FDA) and United States Department of Agriculture (USDA), govern the entire country. Viruses don’t read maps.

It’s clear that the long-standing, frequently bemoaned, and endlessly adjusted chaos in how health data from hospitals, doctors’ offices, clinics, and other sources are managed and used for public health purposes has played an outsized role in the ongoing tragedy. Like a crumbling building that poses a risk for everyone living in it, public health surveillance in the United States needs to be torn down and rebuilt from the ground up, not just with 21st century tools, but with a 21st century mindset.

It’s clear that the discontinuity between health care and public health, too often talked of as separate and completely distinct entities, is a relic of another century. There is only one “system” of health, and it extends from the community to the intensive care unit (ICU) to the nursing home, and at every stop in between. The false dichotomy between health care and public health leads us to bad decisions on everything from data sharing to financial investments to clinical care itself. Social determinants of health are responsible for so much illness, suffering and death. Addressing those problems in a way that is not only fair and equitable, but pragmatic and likely to succeed, will require a complete reimaging of a single system of health in the United States.

According to the 9/11 Commission, “The most important failure was one of imagination.” In public health, we have failed to imagine that the system we inherited from our 19th and 20th century forebears could ever be truly changed. Reimagining doesn’t mean just more money, more workers, better training, more computer equipment, better software, and all the other fixes recommended time and time again, although those are necessary and at least 40 years overdue in promises unkept by our elected officials. It means a completely different way of thinking that recognizes that everything that went before is history, a history that can best serve us by teaching us what not to do in the future.
COA Hosts 21st Surgeon General, VADM Vivek Murthy, and Senior Advisor to the U.S. Surgeon General, RADM Joan Hunter

by CDR Wanda Wilson-Egbe, DVM, MPH, Dipl. ACVPM and CDR Katie Jacques, PT, DPT, OCS, CAHA

COA Communications & Public Relations Committee

On July 20th, the Commissioned Officers Association hosted the 21st Surgeon General of the United States, VADM Vivek Murthy, and RADM Joan Hunter, Senior Advisor to the U.S. Surgeon General, for a COA Gathering event.

The session, using a “fireside chat” format between the two guest speakers, opened with RADM Hunter asking VADM Murthy what factors influenced him to serve a second time as Surgeon General, noting that he served as the 19th Surgeon General from 2014-2017. He acknowledged that getting to serve and know the Commissioned Corps was one of the most gratifying parts and is glad to be able to do it again. As VADM Murthy met officers around the country he gained a deeper knowledge of what was working well and recognized other opportunities for improvement to strengthen the Corps. He went on to say that since the U.S. was struggling during the pandemic without an end in sight, he learned from his parents’ actions, that “when your community is struggling, then it’s everybody’s responsibility to step up and help. And so, I felt I was given an opportunity to step up and help, and I wanted to help. I wanted to do what I could…. during a time when our country was in a public health crisis.”

VADM Murthy shared that the continued optimism and commitment that officers portrayed was one of his favorite parts and it is a gift to be able to work with the Corps again. “I had really come to just love my experiences with our officers, who are just so full of passion, and energy, and vision, whose resilience often surprised me in very positive ways. But despite dealing with a lot of challenges and having to sometimes work in far from ideal circumstances, they somehow found within themselves to remain, not just committed, but to remain in a good mood, and cheerful while they were doing it” he said. “This time around I want to make sure that we’re using each day here, and every day that I have in office, to do something to address the COVID pandemic, when most effectively we can to do something to move our Commissioned Corps forward.”

COA gathered numerous inquiries from its’ members, one being why has a Deputy Surgeon General not been appointed or announced yet? On your behalf, COA submitted this concern to the Office of the Surgeon General before the event, and VADM Murthy addressed the topic during the session. Looking back fondly on his relationship with his prior Deputy, RADM (ret.) Trent-Adams, he stated that working with her clarified for him what is important for the role. He acknowledged that he has been in the role for over six months without a DSG and that he is considering “different options and paths and hopes to make an announcement soon.” VADM Murthy noted key traits he is looking for: integrity, courage, understanding the importance of culture, aligned vision with the Corps and what it can be, the ability to pursue bold pathways while bringing the Corps along, the ability to execute, and effective communication which allows a space for transparency.

A significant amount of time spent discussion a primary Corps concern, low promotion rates. For many officers, the promotion rates seemed to “come out of the blue” with little advance notice. What drove the decision, according to VADM Murthy, was statute 42 U.S.C. 207 (d) that demands that the Secretary determine the forced distribution of the Corps.

He said the Commissioned Corps has been out of compliance with rates dictated by the statute, especially in the ranks of O4 to O6.

Consequently, starting in 2016, efforts were put in place to reduce the promotion rates in a graded manner. But, when the promotions for 2021 were submitted see VADM continued on page 16
Remember Your Mission

by CDR Kristie Purdy, MS, RDN/LD, BC-ADM, CDCES

COA Board of Directors Chair-Elect

To protect, promote, and advance the health and safety of the nation.

We know the mission of the U.S. Public Health Service by heart. We’ve heard these words time and time again. Yet, the mission can be so easy to lose sight of and forget.

We get caught up in the day-to-day. Wrapped-up in meeting deadlines, fulfilling objectives for our agency, meeting the demands of the Corps, trying to obtain promotion benchmarks, fulfilling duties of officership, juggling work-life balance, and overall trying to do too much.

At the end of it all, the reality is we may not get promoted for giving it our all and then some. We may do too much and lose sight of our passion and drive for what brought us here. So then what? We’re left with our head spinning and feelings of inadequacy.

I get it. Many of us are overachievers. We do great things but still feel the motivation or need to accomplish more. Some of this compulsion to accomplish more may be attributed to our own personality and inner drive to show we are worthy. Some of this need to accomplish more may be attributed to the culture of the Corps and high standards set for officers to achieve, which isn’t necessarily a bad thing. But, are we so busy trying to achieve we lose sight of the ultimate goal and perhaps lose sight of our purpose?

Do you remember the mission? Do you remember why you chose to take the oath to work on the front lines of public health, fight disease, conduct research, or care for the underserved? Do you remember what the U.S. Public Health Service meant to you when you viewed it from the outside, years ago, and hoped to become part of it? Do you remember sitting in Officer Basic Course or Basic Officer Training Course, before you knew what promotion boards were, and the excitement you felt to fulfill the mission as an officer?

Go back and remember this time. Remember what brought you to the Corps. Remember the mission and never lose sight of the ultimate goal. Find your own personal “why”. Why are you here to serve the mission? What brought you here? Why do you get up and do what you do every day?

Trying to do everything and be everything to everyone and maintain such a high level of performance can be exhausting. Putting in the hours, obtaining the necessary skills and experience, then being passed over hurts. Gauging our personal success on a promotion alone can lead to burnout.

For many of us, our own personal “why” is serving the underserved or the ability to be a member of a project making a difference in the health of individuals and communities. There are few professions where you can touch the lives of others – and make a difference in them – the way we can. Regardless of your specific role, you play some part in helping people, communities, or the nation, and positively affect their lives as a result.

I encourage you to step back and be proud of the work you are doing to make a difference in the health of one another.
What is the Military Commissary system?
The DoD Defense Commissary Agency (DeCA) serves the active duty and retired military (including officers in the USPHS) at 236 stores in 13 countries. The DeCA wanted to hear the voice and input from various associations and groups with constituents who shop at the commissary. DeCA staff hosted a Zoom video call on July 23 and asked whether they were doing a good job and if variable pricing was working.

As a member of the COA Board of Directors and Vice-Chair of the Retired Officers Committee, I represented COA on the call. A few other groups included the Military Officers Association of America, Gold Star Families, Tragedy Assistant Program for Survivors, Fleet Reserve Association, and Disabled American Vets.

As part of my preparation to participate, I interviewed a few retired customers when I visited the commissary at Fort Meade, Maryland. My question to them was, “I am doing a survey of why people shop at the commissary. Would you like to participate?” Everyone I encountered was enthusiastic about talking. A few of the comments follow:

“I’ve been a commissary shopper over 25 years—the savings are great, but more important, I feel like I am back home with family when I pass other folks in the aisles who understand the culture.”

“I am treated with more respect at the commissary. We all served our country.”

“I walk a little slower now, and really appreciate the baggers taking my groceries to the car. Nice kids, with military families.

“I can get the brands I am used to and like, without having to pay high premium prices.”

During the lengthy discussion on the call, I was impressed with the strong support of the various associations for the DeCA system, especially for the junior grades and retired who may have less disposable income. For example, the DeCA has variable pricing to produce overall less costs for brand names than in the local economy. Keeping up with trends in the industry, they are rolling out CLICK2GO online ordering and curbside store pickup service. Go to https://www.commissaries.com to discover the nearest commissary and special offers.

Access to commissaries is a great benefit to save money and be surrounded by others in the uniformed services. You feel a sense of family on military bases and are treated with respect. It doesn’t matter if our service was with the Army, Navy, Marine Corps, Air Force, Coast Guard or Public Health Service. We are one.
The PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) recently provided $13,000 in scholarships to high school, undergraduate, and graduate students who are sponsored by a member of the Commissioned Officers Association (COA). These scholarships are funded by active duty and retired U.S. Public Health Service members, local COA branches, and others. The Foundation wishes to thank them for their generosity.

The scholarship review committee found the Spring 2021 cohort to be quite impressive – outstanding students with promising futures. Applicants were scored based on their career aspirations, extracurricular school and community activities, honors and awards, and academic performance.

Congratulations to the award recipients and their families – and a big thank you to the COA members who volunteered to serve as reviewers.

The 2021 recipients are:

- Addyson Trendel (LCDR Gretchen Trendel)
- Emily Fenno (CDR James Fenno)
- Evelyn Davidson (CAPT Bryan Davidson)
- Grace Manning (LCDR Bryan Manning)
- Katarina Fiorentino (CDR Douglas Fiorentino)
- Katherine Gora Combs (CAPT Jeffery Combs)
- Kevin Xu (CDR Fei Xu)
- Kyler Martin-Yeboah (CDR Garrette Martin-Yeboah)
- Megan Goroski (CAPT Dean Goroski)
- Miguel Verani (CAPT Jennifer Verani)
- Miguel received an additional distinction as the 2021 Ronald Lessing Scholarship winner.
- Nam Phuong Pommier (LCDR Ryan Pommier)
- Shelby Bachini (LCDR Steven Bachini)

Ronald Lessing had a lifelong devotion to learning and teaching in science and mathematics. Earning degrees from Johns Hopkins University in physics (B.A.) and computer science (M.S.), he then received his doctorate degree in business administration (D.B.A) from the University of Maryland.

He served as a full-time Public Health Service civilian employee of various agencies within the Department of Health, Education and Welfare, and received numerous honors and awards for outstanding performance. One major project that he spearheaded was an innovative approach to how Americans sought and received healthcare. The model he envisioned was the basis for much of the contemporary operations research.

Dr. Lessing also taught statistical mathematics courses part-time at the university level. Inquisitive by nature, he loved to learn and to impart his knowledge to students in his classes, or to anyone else who would ask for his assistance. A devoted husband and father, Ronald Lessing tragically succumbed to a malignant disease on April 7, 1976, leaving a wife and three young sons. This award was established by his family to honor his legacy.

More information about the Family Member Scholarships can be found at: [https://www.phscof.org/family-member-scholarships.html](https://www.phscof.org/family-member-scholarships.html)
Safe Sleep for Kansas Babies is Easy as ABC – A 2020 COF Seed Grant Recipient

by Cherie Sage, State Director, Safe Kids Kansas

Sudden unexpected infant death (SUID) is the term used to describe all sudden infant deaths before their first birthday when the cause is not obvious. Many of these deaths occur during sleep or in the baby’s sleep environment. SUID accounted for nearly 20 percent of infant deaths in Kansas from 2013 through 2017. We also know that over half of sleep-related infant deaths during that time period occurred in an adult bed. Additional deaths occurred in environments other than a crib, such as a couch or chair. That is why it is important to educate families about the ABCs of Safe Sleep.

The ABCs of safe sleep are simple. Babies should always be placed to sleep Alone, positioned on their Back and in a clutter-free Crib. The safest place for baby is in the same room as the parents, but in a separate bed to prevent accidental suffocation.

Through a partnership with Safe Kids Kansas, the KIDS Network, hospitals, health departments and state agencies, at-risk families are provided safe sleep education, a hands-on demonstration of a safe sleep environment, and a portable crib for low-income families to prevent these deaths.

Through a network of 110 Safe Sleep Instructors (SSIs) across the state hosting community baby showers and crib clinics, expectant and new mothers and caregivers receive safe sleep education and resources to help prevent sleep-related deaths. The SSI program and Safe Sleep Star Clinic designation is unique to Kansas. SSIs commit to promoting safe sleep through standardized training of community educators and community outreach. Due to COVID-19, this past year our SSIs found creative ways to safely reach 424 individuals both virtually and through one-on-one interactions. The SSI program continues to be embraced by agencies and partners in maternal and child health, child welfare and safety and is on-track to be considered an evidence-based practice.

The 2020 COF Barclay-Giel Seed Grant provided funding to the program to purchase 93 portable cribs and 150 sleep sacks to low-income families across Kansas. In addition, the funding supported educational magnets, crib cards and postcards that were provided to hospitals and health agencies. Program participants were evaluated and demonstrated a significant increase in their understanding and intention to follow safe sleep recommendations. They also stated they would share that knowledge with others who care for their baby.

We are grateful for this support to help address the leading cause of death for Kansas babies.

Additional partners in these efforts include the Kansas Department for Children and Families, the Kansas Hospital Association, Child Care Aware, obstetric offices, Kansas Chapter of the American Academy of Pediatrics, and the CRIBS center (Center for Research for Infant Birth and Survival) through the University of Kansas School of Medicine, Wichita.
THE COF AND COA INVITE YOU TO OUR:

RETIREMENT SEMINAR

SESSION 1: OCTOBER 13, 10:30 AM - 1:45 PM ET
- Prudential Pathways | New Beginnings: Managing Employment Change
- Prudential Pathways | New Beginnings: Transitioning Successfully into Retirement

SESSION 2: OCTOBER 20, 11:00 AM - 1:00 PM ET
- TRICARE Medical Benefits: Kimberly Bagley, TRICARE East
- Federal Employees Dental & Vision Insurance Program (FEDVIP and BENEFEDS.com): Richard Hartley, BENEFEDS

SESSION 3: OCTOBER 27, 11:00 AM - 1:00 PM ET
- How to Prepare and File your VA Claim: Art Timmins, American Legion
- Thrift Savings Plan Pre-Separation Brief: Randy Urban, Federal Retirement Thrift Investment Board

SESSION 4: NOVEMBER 4, 11:30 AM - 1:00 PM ET
- Recent Retiree Panel “What I Know Now that I Didn’t Know Then:”
  RADM (ret.) Michael Toedt, CAPT (ret.) Alan Echt, CAPT (ret.) Jessica Feda, and CAPT (ret.) Margie Wallace

Sessions 2-4 will be video recorded and archived on the COA website for future viewing.

We thank FEDVIP, our generous sponsor. The Federal Employees Dental and Vision Insurance Program (FEDVIP) is a voluntary, enrollee-pay-all dental and vision program available to Federal employees and annuitants, certain retired uniformed service members, and active duty family members. It is sponsored by the U.S. Office of Personnel Management (OPM) and offers eligible participants a choice between 12 dental and 5 vision carriers.

REGISTRATION:
https://cvent.me/lz12lm

COST:
$0 for COA members
$29 for nonmembers
Over the past 26 years, the District of Columbia Commissioned Officers Association (DC COA) has sponsored a community outreach program where Commissioned Officers judge and present awards to high school and middle school science fair participants in Washington DC, Maryland, and Virginia. In the midst of the COVID-19 pandemic, the DC COA successfully executed its second, 100% virtual judging of over 700 student research projects in 9 regional Science and Engineering Fairs. In addition to promoting science and public health, these regional science fairs have always been a great opportunity to increase visibility of the U.S. Public Health Service (USPHS) and encourage students to think about a career in the Commissioned Corps. By encouraging the youth of today to be excited about science, the DC COA and USPHS can ensure that future generations are prepared to meet the scientific and public health challenges for years to come. This especially rings true during this unprecedented time when the nation is going through the COVID-19 pandemic.

With a vast number of officers in the region being deployed during this time, the task of recruiting officers to participate as judges was not easy. This community outreach program owes its accomplishment of coordinating nearly 60 Commissioned Corps Officers to the DC COA Science Fair Planning Subcommittee, housed under the DC COA Community Outreach Committee. There were many steps and tasks carried out by the subcommittee members to ensure a successful participation by the USPHS judging team. The members held meetings and exchanged numerous correspondences to recruit officers using an online survey tool, assign lead judges, and organize the USPHS judging teams for the nine science fairs. The Subcommittee members also worked with individual regional science fair coordinators to coordinate the logistical details of virtual judging and electronic distribution of Public Health Service Award certificates.

USPHS judges reviewed projects in the Medicine and Health category, as well as projects in any other science-related categories they deemed applicable to the public health mission. Due to the COVID-19 pandemic, all nine participating science fairs and expos were held in a virtual format. The judging process was also done virtually, which proved vastly different from previous years of traditional “in-person” participation and judging. The students submitted their projects in various electronic formats – abstract or summary in a PDF document, PowerPoint slides with voiceover recording of their presentation, or a recorded video of themselves explaining their science project. With guidance provided by the Science Fair Planning Subcommittee, the lead judge of each science fair coordinated further details on how the judging process would work for their respective science fair. Officer judges provided ranking of the projects they reviewed and conversed with others to decide which projects would receive awards. Science fair coordinators were then presented with award certificates signed by the DC COA Branch President of the top three projects, as well as the Meritorious Achievement Award, where projects demonstrated independent thought, creative ability, and scientific skill in addressing issues relevant to public health. In addition to these awards, there were special category and community awards given by various corporations, universities, scientific organizations, and government agencies.

Through these science fairs, the students were honored by the USPHS recognition, and officer judges were rewarded with the experience of judging such high quality and innovative projects. It was exciting to see many students interested in current issues such as face masks, high prevalence cancers, machine learning, and opioid drug addiction. Some of the projects that were awarded 1st place by DC COA were: Classifying and Evaluating the Efficacy of mRNA Biomarkers as Prognostics of Early-onset Parkinson’s Disease, A Novel Approach to tackle Osteoarthritis: Engineering a self-administrable tissue regenerative transdermal patch for articular cartilage growth and inflammation alleviation, and SoundScape: Real-Time 3D Sound Localization and Classification with Sensory Substitution for the Hearing Impaired.

If you are stationed in the DC area and are interested in being a science fair judge, keep an eye out for calls for volunteers which happens in February. In addition, other local COA chapters who are interested in emulating this outreach program should contact the DC COA Science Fair Planning Committee for guidance.

In closing, this outreach program would not be such an outstanding success without the DC COA Science Fair Planning Committee, which consists of CAPT Yvette Waples, CDR Katherine Won (Chair), LCDR Pariban Dhanormchitphong, and LT Keisha Bryan. The committee would like to thank the lead judges and volunteer officer judges for their time and their professional representation of the DC COA and USPHS.
Surgeon General and New Mexico Governor

by CDR Alexei Desatoff, PT, DPT, OCS
IHS - Santa Fe Service Unit, Santa Fe, NM

On July 13th, 2021, Officers from the Indian Health Service - Santa Fe Service Unit were invited to meet with the Governor of New Mexico, The Honorable Michelle Lujan Grisham, and the U.S. Surgeon General, Vice Admiral Vivek Murthy at the historic Palace of the Governors in Santa Fe, NM. Officers discussed the Santa Fe Service Unit's contribution to the IHS mission in the State of New Mexico in response to the COVID-19 pandemic. The Officers held an intimate and candid roundtable discussion with the Surgeon General discussing the Commissioned Corps. Topics included Mission Critical contributions, 2021 promotions and modernization of the Corps. Both the Governor and Surgeon General were personable, engaging and receptive during the meetings. The officers considered the engagement an honor to attend.

From Left to Right: LCDR Kim Jones, CAPT Cornelius Dial, CDR Kyle Sheffer, Vice Admiral Vivek Murthy, The Honorable Michelle Lujan Grisham, CDR Alexei Desatoff, LT Ubong Akpan.
Inaugural Vivek H. Murthy Distinguished Lecture Series for Public Health Leadership Launched in May 2021

by CAPT Curi Kim, MD, MPH
Commander Yoon Kong, PharmD, BCGP, RAC

May is Asian American and Native Hawaiian/Pacific Islander (AANHPI) Heritage Month, during which we celebrate the contributions of AANHPIs to science, the arts, industry, government, and commerce. To commemorate AANHPI Heritage Month this year, the inaugural Vivek H. Murthy Distinguished Lecture Series for Public Health Leadership was launched on May 27. This was the first in a series of fireside chats and lectures in honor of Dr. Murthy, the 19th and 21st Surgeon General of the United States. The Federal Asian Pacific American Council's National Institutes of Health chapter (FAPAC NIH) and the National Institute on Minority Health and Health Disparities (NIMHD) organized this event in partnership with the USPHS Asian Pacific American Officers Committee (APAOC), FAPAC's Food and Drug Administration (FDA) chapter, FAPAC's Parklawn chapter, the Association of Asian Pacific Islander Employees of CDC/ATSDR (AAPIECA), the Health Resources and Services Administration's Asian American and Pacific Islander Employee Resource Group (HRSA AAPI ERG), and NIH Office of Equity, Diversity, and Inclusion (EDI). The goal of the series is to recognize a public health leader whose enduring efforts have made a significant impact on advancing public health. At this first event, Dr. Murthy recognized Dr. Victor J. Dzau, President of the U.S. National Academy of Medicine, prior Chancellor for Health Affairs at Duke University, an internationally renowned cardiologist, and expert on global health, for his public health efforts during the COVID-19 pandemic.

This event featured opening remarks from Dr. Eliseo J. Pérez-Stable, NIMHD Director, followed by a conversation between the two distinguished speakers moderated by Dr. Monica Webb Hooper, NIMHD Deputy Director. During the chat, Dr. Murthy, and Dr. Dzau shared their personal experiences as immigrants, their encounters with discrimination, and how they persevered. Their stories covered themes of managing doubt and taking risks (both personal and professional), holding onto personal values, and developing one’s own destination.

Dr. Murthy and Dr. Dzau then reflected on the unprecedented challenges during the COVID-19 pandemic. Dr. Dzau identified systemic racism as the root cause of the pandemic’s disproportionate impact among communities of color and called for policy change to address socioeconomic inequities. He also cited higher case fatality rates of COVID-19 in AANHPI populations when data is collected, but AANHPI communities are often overlooked, and their racial or ethnic data are not systematically captured. To mitigate health disparities, Dr. Murthy noted the importance of the country coming together to recognize our shared values.

Next, they discussed the underrepresentation of AANHPI individuals in leadership positions and how cultural differences in leadership styles may be a potential cause. Cultural factors were also touched upon when discussing mental health issues, which have increased during this pandemic. Dr. Murthy offered three helpful strategies for those experiencing emotional distress: 1) spend 15 minutes a day reaching out to your loved ones, 2) offer quality of time over quantity of time, and 3) serve others. Finally, in responding to how public health leaders can build trust within our country and the world, Dr. Dzau articulated that they need to rely on science, recognize when they may not have the answer, communicate clearly and consistently, and prioritize the welfare of others above their own.

This remarkable conversation has been archived and can be viewed here: https://videocast.nih.gov/watch=42089

Stay tuned for next event in the Vivek H. Murthy Distinguished Lecture Series for Public Health Leadership!
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*Tuition discount for active-duty service members including USPHS Commissioned Corp officers and HHS employees.
Captain (ret.) Jonathan Ralph Steinhart, age 74, passed away on August 7, 2021, while hiking near Moscow, Idaho. Jonathan was born the only child of Ralph and Helen Steinhart on June 12, 1947. Following graduation from the Pingry School of Elizabeth, NJ, in 1965, he graduated Phi Beta Kappa from Amherst College, earned a Master of Arts from Harvard University, a medical degree from Rutgers University-New Jersey Medical School, and a Master of Public Health from the University of Washington. Trained as both a family physician and obstetrician/gynecologist, he joined the United States Public Health Service in 1980 and retired with the rank of Captain in 2009. His longest tour of duty was in Shiprock, New Mexico where he lived and worked on the Navajo reservation for over twenty years, having served for a time as chief of the department of Obstetrics and Gynecology. After retiring from the USPHS, he moved to Spokane where he worked as an urgent care physician, most recently with Concentra.

He married Ashley Shultz, PhD, of Spokane, in Durango Colorado in 2002. He is survived by his sons Jordan and Andrew.

Visitation was held on August 19, 2021, followed by a celebration of his life on August 20, 2021. Donations may be made in his memory to the Episcopal Church in Navajoland, P. O. Box 720, Farmington, NM 87499, or Cathedral Music Ministry at St. John's Cathedral, 127 E. 12th Avenue, Spokane WA 99202.

Captain (ret.) Alan David Miller, a COA Life Member, passed away on in February 2021 the age of 99. A physician, musician, public servant, a lover of literature and the arts, he met life with passionate energy, incisive intelligence, idealism, and commitment. He leaves five children, eight grandchildren, and six great-grandchildren, and he was proud to have passed on to them a lifelong commitment to working for a more just society. He enjoyed a very long and varied career in psychiatry and public health, a richly engaged retirement, a far-flung circle of friends, colleagues, and extended family on whom his influence will always be deeply influential.

Alan Miller was born in New York City in 1922, the eldest of two children of Jerome Miller, a dentist, and Sara Glusker Miller, a couple whose lives were dedicated to progressive social reform. Alan graduated from Amherst College in 1942, at the age of 20, and went on to complete medical school at New York University in 1945. He completed his internship in Medicine and Surgery at Bellevue Hospital in NYC, then enlisted in the Public Health Service. He received further training in Syphilology (University of Michigan, 1946), Internal Medicine (U.S. Marine Hospital, New Orleans, 1947-48), Neuropsychiatry (U.S. Public Health Hospital, Fort Worth Texas, 1948-50), Public Health (Johns Hopkins University, 1951), Psychiatry (University of Maryland Psychiatric Institute, 1952-53), and Clinical and Social Psychiatry (The Maudsley Hospital and University of London, 1957-58).

Alan’s long career was informed by the belief that high quality health care was a human right. He was a commissioned officer in the United States Public Health Service from 1946-64, retiring at the rank of Captain. During his time in the USPHS, Alan was the Director of the Richmond, VA Municipal Hospital; staff psychiatrist at the Mental Health Study Center at the National Institute for Mental Health; Director of the Mental Health Study Center with NIMH; Mental Health Program Director, USPHS Regional Office in Denver, Colorado; Special Assistant for Field Operations, Extramural Programs, NIMH; and Associate Chief for Operations Research, Community Research and Services Branch, NIMH.

Following his USPHS retirement he was appointed Assistant Commissioner, Division of Community Services, New York State Department of Mental Hygiene, and went on to become Commissioner of the NY State DMH, remaining in that position until 1975. From 1975 to 1977, Alan was the Director of the Whitney M. Young Community Health Center. In 1977 he became Associate Dean for Student Affairs at the Albany Medical College. From 1986 to 1993 Alan returned to the New York Office of Mental Health, assigned through Kings Park Psychiatric Center to work with the Department of Psychiatry, SUNY Stony Brook, to enlarge the relationship between the two institutions. Thereafter he was a staff psychiatrist at the Capital District Psychiatric Center, primarily to integrate general and mental health care.

Dr. Miller had many other life interests, and he brought to them the same acute intelligence and commitment he brought to his professional work. He was a devoted, lifelong musician, who, as a violist, participated in many chamber music groups. a central role in the resurgence of WAMC, Albany’s public radio station.

Alan was devoted to his family- his wife, his children, and their families. Dr. Miller’s family requests that anyone who wishes to donate in his honor send their donations to: https://camphillvillage.org/get-involved/donate/ or https://www.wamc.org/support-wamc
so they could focus on their job within the agency. Even after
officers moved on from SAMSHA I would keep them in my email
distribution list and continue to provide highlights of PHS policy
changes, for example. After working with them, I felt invested in
their career and wanted to help promote their success as officers,
regardless of where they served.”

**COA:** “If you could give current officers one piece of advice what
would it be?”

**CAPT (ret) Wallace:** “Keep your chins up, keep looking forward,
and keep doing great things.” She went on to share, “Things
are cyclical. There are points in your career where things will
be low. But you won’t always stay down in the trough and the
perspective will allow you to better appreciate the peaks, when
things are going well. Where you are at now is not where you will
be in three years; anything can happen. For those officers who
are currently feeling challenged, this is just a point in time, things
will get better. Relationships are so important. No matter what is
going on in one’s environment we all have colleagues we trust and
who are our support network. Lean on each other, go through it
and keep doing great things.” She went on to share, “Things
might not understand where the PHS is headed. It is of the utmost
importance for officers to focus on the fact that they are valued
and their work is meaningful.” She added “It is as important to join
COA and support the Commissioned Officers Foundation (COF).
These are necessary groups that provide a voice for officers and
support for CCHQ which frequently must work within defined
parameters. A strong partnership between COA/COF and CCHQ
is critical.”

**COA:** “What are some of your first goals to accomplished as a
retired officer?”

**CAPT (ret) Wallace:** “My priorities are for traveling, visiting old
friends, and catching up with mentors and family”. She already
has trips planned for Savannah GA, Smith Mountain Lake VA and
Denver, CO.

**COA:** “Are there any departing thoughts you would like to share
with COA and its’ members?”

**CAPT (ret) Wallace:** “Joining the Public Health Service was the
best career decision I ever made. It is like a large family, 6,000+
officers, who may not know everyone but carry a shared identity.
No matter where an officer is, they immediately connect when they
see another officer in uniform. Makes for an exciting federal career.
It’s a jewel people don’t know about, and we are fortunate to be
part of it.”
encouraged to explore and familiarize themselves with the new DD Form 214 platform and instructions by watching a webinar on the Learning Management System.

The Commissioned Officers Association (COA) of the USPHS has advocated for conversion to the DD214 since 2015. On May 24, 2016, through efforts by COA, a memo from acting Undersecretary of Defense authorized the use of DD Form 214. On August 10, 2020, the Assistant Secretary for Health approved the issuance of DD Form 214.

“COA thanks everyone at CCHQ, who, under RADM Orsega’s leadership, were able to implement this monumental change following months of meetings with the Department of Defense and Department of Veterans Affairs. COA will continue to advocate for Congressional appropriations to upgrade the Health and Human Services (HHS) aging information technology systems, which is sorely needed” said Jacqueline Rychnovsky, COA’s Executive Director. “We will also continue our DD214 advocacy in hope that one day, retired officers will also be provided a DD214.”

COA MEMBERS SOUND OFF ABOUT DD214 ANNOUNCEMENT

“Thanks for your tireless efforts on this matter and others regarding benefits for commissioned officers. Having the DD form in lieu of the PHS Statement of Service will be very helpful”

-RADM (ret.) Robert J. Collins, USPHS

“I believe not having a DD214 following my retirement from the PHS was a disappointment to my civilian job-hunting. HR departments did not understand it and kept insisting that I should have a DD214 to indicate my active duty service. Thank you to COA for your advocacy!”

-CDR (ret.) Joan McFarland, USPHS

“What an outstanding news!! BZ to you and the rest of the COA Team.”

-CAPT (ret.) Rita Shapiro, USPHS

“Having worked my entire professional life in close contact with all the US military medical services and having served as a consultant for 15 years to the Dept of Medicine/Infectious Disease Service of Walter Reed, I appreciate your effort to bring us into line with those highly esteemed colleagues whose well-deserved retirements provide them a DD-214.”

-CAPT (ret.) Dale N. Lawrence, USPHS

“Kudos to CAPT Jacqueline Rychnovsky! I recently learned that the USPHS is going to start furnishing DD 214 forms to officers who retire as of 1 October 2021. This is a marked improvement over the PHS 1867 Form, which nobody outside the Public Health Service understands. Getting the DD 214 for PHS officers has been a goal of COA since at least 2015, and the fact that it is now coming to fruition is only proof, once again, that COA is the only organization that advances the interests of the Commissioned Corps. If there was ever a benefit that will yield dividends to everyone who serves in the PHS, this is it. If you have not done so, please renew your COA membership today.”

-Col. James Tyson Currie, USA (Ret.), COA Executive Director, 2014-2020

“BRAVO!!!”

-CAPT (ret.) Patricia Mail, USPHS

“This is fantastic news. Thank you for sharing.”

-CAPT (ret.) Jeff Smith, USPHS

“This is fabulous news! I hope this will eventually apply to those already retired. Hope springs eternal.”

-RADM (ret.) Gary Hartz, USPHS

“Woo hoo! Thank you, your advocacy is very much appreciated.”

-CDR Trish Mitchell, USPHS

“Thanks to COA! Much appreciated. Hopefully PHS retirees will soon be able to get a DD214 as well!”

-CAPT (ret.) Mike Jones, USPHS

“This is OUTSTANDING, long overdue and a welcomed new standard for parity with our sibling uniformed services - GREAT NEWS!!!”

- CAPT (retired) John P. Jorgensen, USPHS

“Thanks so much for your tireless advocacy toward making such a policy change happen.”

-CAPT (ret.) James Minor, USPHS
COF is pleased to announce a funding opportunity for 501(c)3 non-profit or local/state/tribe/tribal organizations with a focus on public health. Organizations addressing the Surgeon Generals’ priorities (community health and economic prosperity, emerging public health threats, opioids and addiction, oral health, and tobacco use) are strongly encouraged to apply. For this cycle, the COF Board has added an additional funding priority based on the recent publication of the U.S. Surgeon General’s Advisory on Building a Healthy Information Environment: [https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf](https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf).

The application period will be **September 7 - November 12, 2021**. Award recipients will be announced in February 2022. More information about the Seed Grant program and application process can be found at: [https://www.phscof.org/seed-grants.html](https://www.phscof.org/seed-grants.html). We ask all readers to widely disseminate this information to potential grantees.

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**Call For the Next Round of Barclay-Giel Seed Grant Applications**

by Paul J. Seligman, MD, MPH, Real Admiral, USPHS (ret)
Chair, COF Studies, Research, and Grants Committee

Every year, volunteer officers step forward to review the COF Barclay-Giel Seed Grant applications received by the Foundation. The grants are open to all non-profit entities, including 501 (c) (3) or local/state/tribe/tribal organizations with a public health focus. However, the Surgeon General’s Priorities are of prime interest.

The applications are rated based on the project goal(s), methods, timeline, and measurable outcomes; the use of innovative and unique strategies; community support and/or partnerships; and the ability to secure additional funding to continue the project work. Geographic, programmatic, and organizational diversity is also considered. All submissions were initially reviewed by 52 officers and the scores were further analyzed by three additional officers. A detailed report was then sent to the COF Studies, Research, and Grant Committee for a final review. Committee members included RADM Boris Lushniak (ret), RADM Dushanka Kleinman (ret), and CDR Harlem Gunness (ret).

In this extraordinary year, a special thanks goes out CDR Mark Miller, CDR Coco Tsai and LCDR Ryan Marie Smith who led the review process and to the following reviewers:

- **CAPT Erin Kim**
- **CAPT Charles Lovell**
- **CAPT Kellie Clelland**
- **CAPT Thomas E. Stervig**
- **CAPT Melanie M. Mayor**
- **CAPT Arin Hatch**
- **CDR Hong H. Vu**
- **CDR Carletta Aberle**
- **CDR John M. Mastalski**
- **CDR Xinzi Zhang**
- **CDR Lisa Lee**
- **CDR Kristie Barnes**
- **CDR Catherine Rockwell**
- **CDR Donald Reese**
- **CDR Glinda Johnston**
- **CDR Monica E Patton**
- **CDR Neelarn Ghiya**
- **CDR Marisol Martinez**
- **CDR Ralph Groves**
- **CDR Jason P. Kopera**
- **CDR Stephanie Avent**
- **CDR Shane P. Davis Jack**
- **CDR Dustin K. Hampton**
- **LCDR Keyonica Lassiter**
- **CDR Malcolm Nasirah**
- **CDR Kinbo J. Lee**
- **CDR Darlene Jones**
- **LCDR Shondelle Wilson-Frederick**
- **LCDR Jodi Blake**
- **LCDR Lillie L. Williams**
- **LCDR Michelle Barbosa**
- **LCDR Mark Chen**
- **LCDR Denise Duran**
- **LCDR Penelope Adams**
- **LCDR Shayne Gallaway**
- **LCDR Michele Gottshall**
- **LCDR Bethanie Parrish-Salaam**
- **LCDR Zerita White**
- **LCDR Kimberly Calvery**
- **LCDR Nazia Rahman**
- **LCDR Travis Sorum**
- **LT Christy Gadson**
- **LT Jennifer Iverson**
- **LT Drew Katherine**
- **LT Sandra Herrera**
- **LT Maryam Khazraee**
- **LT Sarah Whittington**
- **LT Shantel T Blume**
- **LT Karen Lumbu Kinard**
- **LT Kali Aberle**
- **LT Alena M. Korbut**
- **LT Josh Greenberg**

If you are interested in becoming a reviewer, please sign up at [https://www.surveymonkey.com/r/L7NM8XB](https://www.surveymonkey.com/r/L7NM8XB).
Seed Grants Awarded To Eleven Organizations

by Paul J. Seligman, MD, MPH, Real Admiral, USPHS (ret)
Chair, COF Studies, Research, and Grants Committee

In 2018, the Commissioned Officers Foundation (COF) received an unrestricted $5 million gift from the estate of Captain Martha Barclay-Giel. The COF Board decided that the best way to honor the legacy of CAPT Barclay-Giel in advancing the health of Americans was to establish a seed grant program in her honor in support of the Surgeon Generals’ public health priorities.

Grants were recently awarded to support eleven initiatives. Individual awards ranged from $4,000 to $10,000 for a total of $98,898. Projects will address a wide range of public health issues. But they have one thing in common: a strong disease and/or injury prevention component that will impact the health of a community.

- **Adaptive Athletics (AL)** – Enhancing health promotion in children with disabilities through participation in sports.
- **African Family Health Organization (PA)** – Crafting and delivering culturally-appropriate COVID-19 messaging in multiple languages to African, Caribbean immigrant and refugee communities.
- **Cahaba Medical Care Foundation (AL)** – Reducing opioid dependence by piloting non-pharmacologic alternatives to pain management.
- **Central Oklahoma American Indian Health Council (OK)** – Utilizing the centering care approach in prenatal care to promote maternal oral health, blood pressure monitoring and general wellness for pregnant women.
- **Chatham County Safety Net Planning Council (GA)** – Preventing suicide by providing skills-based interventions and resiliency-building training.
- **KinderSmile Foundation (NJ)** – Empowering uninsured US Veterans with oral health education.
- **Michael Glynn Memorial Coalition (SD)** – Integrating substance abuse education and fitness promotion in adolescents to prevent substance abuse.
- **Patient Assistance Foundation (CA)** – Addressing health promotion through screening and disease management in underserved populations.
- **Refugee Dream Center (RI)** – Reducing cultural barriers to health by educating refugees on American approach to healthcare.
- **San Mateo County Health Foundation (CA)** – Promoting colorectal cancer/blood pressure screening in Black community.
- **Tuggle Elementary School (AL)** – Targeting social-emotional and/or behavioral difficulties among students through the building and equipping of calming rooms.

We congratulate all recipients and look forward to learning about the successes of their public health projects.

For more information about the Seed Grant program, visit [https://www.phscof.org/seed-grants.html](https://www.phscof.org/seed-grants.html).

LEGISLATIVE from page 2

Those free annual entrance passes are available to current US military members and their dependents in the Army, Navy, Air Force, Marines, Coast Guard, and Space Force, as well as Reserve and National Guard members, US military veterans, and Gold Star Family members. Despite over a century of partnership between the Park Service and the USPHS, active duty and veteran Commissioned Corps officers and their dependents do not qualify.

The Legislative Affairs committee is working on other issues as well, and we update our priorities annually in response to emerging issues and input from COA members. We have to be careful to focus on a few key issues every year to ensure that we have victories like the DD214 to report to you.
2021 has undoubtedly been a year of change. The Dietitian category played a role in this change and opened the category to new adventures holding the category’s first Dietitian Category Day offered in a virtual format for the annual USPHS Scientific and Training Symposium.

While holding a virtual Category Day comes with some challenges, there are some added benefits. In an average year, approximately 25 percent of the category travels to attend the Dietitian Category Day in person. The virtual format provided an opportunity for record attendance with 65 registered attendees, representing approximately 75 percent of the Dietitian category. Officers received the added benefit of earning seven continuing education units (CEUs). The virtual Dietitian Category Day, held June 22, 2021, was largely successful due to the Category Day Planning Subcommittee.

“CDR Lisa Griefer, CDR Michelle Hines and LT Rachel Wapniak did an outstanding job in the planning of a jam-packed day,” said LCDR Christie Cosenza, dietitian category day lead. “The agenda provided valuable tools for personal and professional growth.”

CDR Rachel Lopez, MPH, RD, CSO, shared about The Role of the Registered Dietitian in the Care of Patients Before and After Total Gastrectomy. There was an opportunity to learn from LCDR Katrina Piercy, PhD, RD, ACSM-CEP, FACSM, and LT Dennis Anderson-Villaluz, MBA, RD, LDN, FAND, on Dietary Guidelines for Americans, 2020-2025. LCDR Piercy and LT Anderson-Villaluz serve in the Office of the Assistant Secretary for Health (OASH) where they support the development of the Dietary Guidelines for Americans in collaboration with the U.S. Department of Agriculture.

A mid-day lunch and learn was presented by the Dietitian Professional Advisory Committee’s (Diet-PAC) Mentoring and Membership Subcommittee. CAPT Blakeley Fitzpatrick gave a brief introduction to the Diet-PAC’s Mentoring Program, which was followed by a panel discussion of mentors and mentees on Getting the Most Out of Your Mentoring Experience.

The Dietitian Chief Professional Officer presented the Diet-PAC’s annual award honorees and celebrated officers who have retired this past year and/or will retire in the upcoming months. The 2021 Diet-PAC Honor Awards were awarded to:

- Senior Dietitian of the Year: CDR Gwenivere Rose
- Dietitian Responder of the Year: CDR Jane C. Chen

The afternoon sessions included a presentation by CAPT Mitchell Holliday, EdD, RDN, FAND, on Nutrition in Midwestern State Department of Corrections Prisons: A Comparison of Nutritional Offerings to Commonly Utilized Nutritional Standards. This presentation reviewed CAPT Holliday’s research conducted on the prison systems’ nutrition offerings and provide recommendations on how regulations may be improved to advance correctional public health for a healthier nation.

LCDR Kibbe Brown, MS, RDN, and LCDR Jenna Cope, MPH, RD, LD, CHES, presented on Simplified Carbohydrate Education Approaches, which reviewed two interactive diabetes management teaching techniques designed for use within the American Indian and Alaska Native population. The techniques presented may be used in either an individual or group setting.

The day was closed with a fitting and inspirational presentation on Rezilient: How 2 Dietitians took a leadership role in pandemic response on Navajo Nation. LT Rachel McBride, MS, RD, LD, CDCES explained “Rezilient” as a play on words highlighting the resilience both officers and civilian health care heroes demonstrated on the reservation. The officers discussed how the Navajo Nation was disproportionately impacted by the COVID-19 pandemic. A super-spreader event hit the population early in the pandemic and spread throughout the community. The spread was contributed to crowded living conditions, 30 percent of the homes lacking running water, lack of access to culturally tailored information containing the Navajo language, and a high rate of comorbidities. Both officers served in non-traditional dietitian roles throughout the COVID-19 response through leading testing and vaccine blitzes, contact tracing and resource connecting, to standing up a newly formed Public Health Department within the Navajo Nation.

“The event was a huge success,” said CDR Kelly Ratteree, Diet-PAC chair. “The organizers did a fantastic job, and the presenters were outstanding. I am proud to call myself a USPHS dietitian when I see the amazing work done by so many in our category.”
Virtual 5K in Maryland

by LCDR Jen, RDH, BSDH

Thank you, COA/COF, for sponsoring the 2021 Surgeon General Virtual 5K. What a great way of getting exercise by running alongside likeminded officers. When the Maryland mask mandate was lifted, it allowed a few officers to gather for the first time in a long while. We boosted morale and reconnected with old friends. The Walter Reed Campus was the perfect venue to allow this to happen. What a fun day!

From left, LCDR Oliver Ou, LCDR Alesha Harris, LCDR Becca Wong and LCDR Jen Eng

August was ‘National Make-A-Will-Month’

by John DiMaggio, Treasurer, COF Board of Trustees

August was ‘National Make-A-Will Month.’ If you haven’t yet prepared a last will and testament, doing so can ensure that your estate will be allocated based upon your wishes, rather than based on state law, with minimal risk of challenge or complication for your survivors.

May we please request your consideration of including PHS Commissioned Officers Foundation (COF) as part of your last will and testament, or trust, and a recipient of a planned gift from your estate?

In 1798, President John Adams signed into law the ‘Act for the Relief of Sick & Disabled Seamen.’ His vision was the seed which grew into today’s Commissioned Corps of the US Public Health Service.

Your USPHS Commissioned Officers Foundation (COF) decided to plant our own seeds in support of our USPHS Commissioned Officers and our COF mission of advancing public health. We invited Commissioned Officers to bequeath funds to the USPHS Commissioned Officers’ Foundation in their wills and trusts. These funds enable your PHS Commissioned Officers Foundation for the Advancement of Public Health to continue your career-long pursuit of protecting and elevating America’s (and the world’s) public health, while supporting development of public health leaders.

Some of the members of our COF John Adams Society, who have bequeathed a portion of their estate to continue their legacy of service to the Commissioned Officers Corps and the USPHS in their pursuit of promoting and advancing Public Health, include:

- CAPT Martha Barclay-Giel, USPHS (Ret) - In Memoriam
- CAPT Amy C. Barkin, USPHS (Ret)
- CAPT John J. Bartko, USPHS (Ret)
- CAPT Leah M. Bigalow, USPHS (Ret) - In Memoriam
- CAPT Rita K. Chow, USPHS (Ret)
- Mr. John J. DiMaggio
- CAPT Irene L. Doto, USPHS (Ret) - In Memoriam
- RADM Marlene E. Hafner, USPHS (Ret)
- CAPT William H. J. Hafner, USPHS (Ret)
- CAPT Robert L. Lathrop, USPHS (Ret) - In Memoriam
- RADM Michael R. Milner, USPHS (Ret)

Please join the PHS COF John Adams Society by pledging to bequeath a legacy from your will and trust to continue your life’s work in protecting and advancing public health.

You can join the John Adams Society by visiting our webpage: https://www.phescof.org/john-adams-society.html or reach out to our Executive Director, CAPT (ret.) Jacqueline Rychnovsky, for more information at jrychnovsky@coausphs.org

Please visit our webpage, to learn more about your PHS Commissioned Officers Foundation: https://www.phescof.org.

Thank you for your awesome service to our country, to the USPHS, to the Commissioned Corps, and for your support of the PHS Commissioned Officers Foundation!
colleague, or peer, and did so for networking, local branch participation, and to be part of the COA family. What this tells our Board is that the fellowship and support you feel as a member of COA are important. Families take care of each other.

How long have you been a member?

Over half of all active duty respondents have been members for over 10 years. To be a vital organization and to ensure our advocacy will continue for decades, loyalty and continued membership in our organization is one of our main strengths.

How did you first hear about COA?

Active duty officers first heard about COA during their Officer Basic Course (OBC) or from a peer or subordinate. Since April 2021, when outside organizations were once again allowed to attend the OBC Open House, COA has been there to inform officers of our organization. Keep recommending COA membership to new officers, it’s important and impactful!

Do you recommend COA to others?

While almost 100% of active duty members recommend COA to others, about 10% of retired officers said they never do so. When asked why, this group stated that COA doesn’t have enough to offer retired officers. This information was taken to heart and discussed extensively during the COA strategic planning meeting. We have a re-invigorated and reconstituted Retired Officers Committee and have many ideas for growing our value proposition for retired officers in the future. The voice of retired officers is vital on Capitol Hill, and we need retired officers to mentor the next generation of Commissioned Corps officer leaders.

If you don’t renew every year, why?

While most members renew every year, membership lapses do happen, and it is important for us to know why. Most members who fail to renew say it’s because they miss the email reminder, forget to renew due to deployment or high operational tempo, or because of a busy work or family schedule. At headquarters, we frequently discuss ways to make membership renewals easier for you. We are investigating the possibility of switching our membership database to make it simpler for you to sign on. Please consider adding a secondary (personal) email address to your profile! This will help staff be able to reach you and will ensure you receive important communications from COA if our emails are filtered to your work spam folder. Many officers told us that it’s easier for them to renew through a paper-invoice system, so in August we mailed paper invoices to nearly one-fourth of our members who had pending renewals in the system.

Communication preferences

Nearly all members, both active duty and retired, told us that targeted emails and our Frontline newsletter were their preferred way to receive messages from COA. Local branch communications are important to some active duty officers, and members also seemed to value updates on Facebook and the COA website. Communications through Twitter, LinkedIn and other social media platforms were less popular, but this could be due to lack of COA generated content. We will continue to monitor this over the next several years and will adjust our communication strategy if your preferences change. Twenty percent of active duty say they would like to receive updates via text message, so we will consider adopting this technology soon.

What is most important to COA members?

The top two most important things to COA members, in order of importance, are 1) advocacy on Capitol Hill, and 2) advocacy with agencies, including the Office of the Surgeon General (OSG) and the office of the Assistant Secretary for Health (ASH). Third most important is COAs advocacy for parity with other uniformed services for retail and military discounts. Least important on the list was the ability to wear the COA ribbon at COA events. Discounts to the annual USPHS Scientific & Training Symposium, leadership opportunities at the local branch and national levels, and scholarships, also ranked high on the list. Our new strategic plan will focus on growing our advocacy outreach, leadership and volunteer opportunities, and scholarship programs.

Partnerships

Hands down, survey responders said that a relationship between COA and Commissioned Corps Headquarters (CCHQ), the OSG, and ASH were most important in terms of fulfillment of COA’s mission and vision. We agree, and value our relationships. COA has requested meetings with these offices and will continue to do so. These meetings, and the
PHS Commissioned Officers Foundation
Donations Received, August 1, 2021 to August 31, 2021

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<th>Leadership Society ($10,000)</th>
<th>Silver ($250)</th>
<th>Gold ($500)</th>
<th>Friends (Under $100)</th>
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<td>CAPT Bernard Schleien</td>
<td>CAPT Francis Behan</td>
<td>Mr. Michael Terry</td>
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<td>Combined Federal Campaign donations</td>
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Combined Federal Campaign donations:

Bronze ($100)

CAPT John Boice, Jr.
CAPT Doug Henry

Friends (Under $100)

CAPT Mark Anderson
CAPT Maria Banke
Mrs. Carol Delliapenna
Mr. Stephen Deming
CDR Robert Swanson

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

We Welcome New Members of COA, August 1-August 31, 2021

LT Zuleika Aponte
LTJG Toska Cooper
LT David Ederer
LT Caryn Hafer
CAPT Jim Hughes
LTJG LaToya Jacobs-Kibble
LT Shaye Jones
LCDR Brandon Jones
LT Brian Julius
LT Alain Leung
LT Jan Mau
LT Tania Murdock
LTJG Matt Redman
LT Hannah Rice
LT Bethanne Sedmak
LT Sydney Silvar
LT Rachel Siera

COA Donations
Commissioned Officers Association of the USPHS Donations Received, August 1-August 31, 2021

CAPT Isatu Bah
LCDR David Meehan

EXECUTIVE DIRECTOR from page 22

discussions that ensue, are vital to leadership knowing what is on the mind of Commissioned Corps officers, both active duty and retired.

Looking ahead

COA is continuing to drive home the importance of members adding a personal email address to their profile. I will do this for you personally if you send me a note. We don’t want our communications to end up in your spam or junk folders, and we certainly don’t want to lose contact with you if you move agencies or during an agency server migration.

What are we not doing that we should?

Both active duty and retired officers want COA to have more engagement with CCHQ, the OSG and ASH. We agree and promise to continue our outreach. You also want more leadership training and other educational offerings. We realize that not having an in-person meeting since 2019 has created a void, and hope that the COA Gatherings, while not a substitution, have filled some of the gap. We hope you had a chance to attend your “Category Day” sponsored by the PHS Commissioned Officers Foundation and are planning to attend our upcoming Retirement Seminar. A wise mentor of mine once said the best day to start planning your retirement is on your first day of active duty! You have also asked for an increase in media presence, and mentorship opportunities, both which we’ve integrated into our draft Strategic Plan.

One word

The survey ended by asking respondent to submit one word to describe COA. Overwhelmingly, the most frequent reply was “advocacy” or “advocate.” COA is committed to strengthen our advocacy and outreach on behalf of all active duty, former, and retired Commissioned Corps officers. Until next month!