COVID-19
News You Can Use

by LCDR Carla Chase and LCDR Corey Cosgrove

On April 1, after the Omicron variant surge, the number of COVID cases (a seven-day daily average of 27,651), newly admitted hospitalizations (a seven-day daily average of 1,582), and deaths (a seven-day daily average of 582) were trending down in most places. By comparison, one month prior, cases averaged 54,804 per week, newly admitted hospitalizations were 4,514, and deaths were 1,771; two months prior, those figures were 414,956, 18,075, and 2,667. It is important that we continue to be vigilant on tracking these and other important indicators at the national and local levels.

The Data, Analytics & Visualization Task Force (DAV-TF) within CDC’s COVID-19 Response continuously reviews and assesses multiple indicators of the spread of the virus that causes COVID-19. These indicators empower local public health officials and jurisdictions with data to provide public safety guidance measures at the local level. CAPT Matthew Ritchey, who works as one of three rotating leads on the DAV-TF, oversees a team of data analysts, epidemiologists, and contractors as well as many “home” program officials within the CDC to provide daily and weekly updates on many of these indicators. Some of the indicators the Task Force uses to gauge disease prevalence in the United States are case and death trends, confirmed COVID-19 hospital admissions, and COVID-19 Community Levels (CCL) tracked at a national, state, and county level, to encourage us to stay alert about COVID-19 transmission within our communities.

One of the best places to find the latest up-to-date information and trend data is the CDC COVID Data Tracker. It contains a wealth of COVID-19 statistics down...
COA Member Benefits

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

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

Scholarship Programs
College scholarships for children and spouses of COA members and high school seniors.

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

Legislative Update

Legislative Advocacy and Other Duties as Assigned

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

State Veterans Benefits
U.S. Public Health Service Officers are, by law, entitled to benefits administered by the Secretary of Veterans Affairs. However, the 56 states and territories define who is a veteran for the purposes of their programs of veterans’ benefits.

In the December 2021 issue of Frontline, I wrote that COA was working with the National Association of State Directors of Veterans Affairs to survey state and territorial directors of veterans’ affairs to determine which of the states and territories recognize you as veterans. As I wrote this article, COA is about to mail a third round of letters to solicit responses from the 15 states and 3 territories that have not replied yet. We also will follow up with a half-dozen states that are investigating the matter further within their own state. Among the states and territories that did respond, so far only eight were definite noes: Alaska, California, Connecticut, Florida, Massachusetts, Michigan, South Dakota, and Wisconsin. A small number of the yesses were conditional, for example, an Indiana veteran must have a service-connected disability with a rating from the VA to qualify for state benefits there. COA will provide you with a detailed summary once we have heard from all 56 state and territorial veterans’ departments and offices. Those of you who reside in states that do not recognize you as veterans can then get busy to advocate for change.

We are near completion of a state advocacy guide that we will provide members and local branches who want to conduct outreach to their state and local legislators.

DD 214s for Officers who Retired Prior to October 1, 2021

On August 18, 2021, Commissioned Corps Headquarters announced that they would issue DD 214s to officers who separated or retired from the USPHS after October 1, 2021. In the same announcement, CCHQ stated that they were investigating whether their system could support issuing DD 214s to officers who retired prior to that date. Hearing nothing further about that investigation since August, COA and Taylor Strategies met with staff from the office of Representative Madeline Dean (PA-4) to discuss this issue. As a result, Rep. Dean’s office sent a letter.
DMAT to PHERST

by LT Jamla Rizek, MBA, MSN, RN, CEN, CPEN, NHDP-BC, NRP

My journey to becoming a PHS officer and part of the Public Health Emergency Response Strike Team (PHERST) began in December of 2020 while detailed to the Secretary’s Operations Center (SOC). It was there that I met LCDR Ubong Akpan, who was the IHS Liaison to the SOC. Over the month-long deployment, LCDR Akpan highlighted the recruitment process as well as his experiences since commissioning.

Being an emergency department nurse and paramedic, I have been blessed with opportunities to travel for work, including Dubai and Brazil to care for athletes at the 2016 Summer Olympics. I strengthened my clinical skills by working in over 20 different emergency departments in various roles from staff nurse to managing trauma centers. In addition, I have taught, and continue to teach adult and pediatric trauma courses as well as share clinical experiences from being a flight nurse. These became assets while being a part of the Disaster Medical Assistance Team (DMAT) NY6 where I had been deployed to hurricanes such as Sandy, and National Safety and Security Events (NSSE), such as Inaugurations and States of the Union events.

I considered joining PHS in 2017 and even applied. Unfortunately, I did not progress in the process and due to some technicalities, my paperwork seemed to stall and was eventually closed. I shared this and my experiences and commitment to serve with LCDR Akpan who gave me his perspective of the Corps and encouraged me to reapply. Throughout the process, we developed a friendship and he addressed questions or concerns the best he could.

My biggest concern was obtaining a uniform exemption for religious purposes that would allow me to wear my hijab, a head covering worn by women who practice Islam. With encouragement to forge ahead, my resolve to be a commissioned officer became strengthened.

Previous DMAT deployments exposed me to other PHS officers, many of whom I still connect with today. Their support and guidance were instrumental in my decision to join; however, it was the true mentor relationship by LCDR Akpan that led me to this point in my career.

Many have told me that I am the first officer to have worn a hijab while on active duty with the Corps. Whether this is a fact or not, being a part of PHERST allows me the opportunity to fulfill my commitment to service, utilize my critical skills, and add to the diversity of the Corps. I am glad to be a part of an elite team of emergency healthcare providers and a part of America’s Health Responders - the Corps.
The COVID-19 pandemic has, just in the United States, resulted in nearly one million reported deaths and an unknown number of people afflicted with continuing symptoms following infection, along with various economic, social, and political ramifications that may be long-lasting, if not permanent. There has been an accompanying erosion of trust in public health and the seeming loss of a consensus that public health has intrinsic worth as a vital governmental function.

Rebuilding that trust and restoring confidence in governmental public health will require a searching self-examination of how the public health system performed during a health emergency that put unprecedented stress on both healthcare delivery and public health. That the public and the press would see errors and missteps in the public health response to COVID-19 was inevitable. No amount of preparation or planning could have avoided the need to alter recommendations, revisit decisions, or recast messages when dealing with a completely novel respiratory virus that quickly became a worldwide pandemic and for which new scientific information was continually becoming available.

The difficulties in the response would have been present even if, in the years leading up to the pandemic, the public health system had been appropriately funded, inadequate staffing and workforce issues had been improved, and actions to mitigate the social determinants of health that have always placed an undue burden on underserved and underrepresented populations had been addressed.

However, not all the problems that plagued strategy development and coordination, policy formulation, implementation of interventions, and communications can be traced to longstanding funding deficiencies, inadequate staffing, or health inequity. Rigorous self-examination will tell us that there are fundamental weaknesses in the structure and function of governmental public health at the Federal, state, and local levels. For decades, numerous reports, studies and white papers identified funding, leadership, workforce, and data systems as areas in need of improvement in public health. Not even a fleeting consensus sufficient to bring about that support ever materialized.

Restoring trust and confidence in public health will require a reconceptualization of what public health is and what it contributes to the welfare of the nation. The idea that the mission of public health in the U.S. is “the fulfillment of society’s interest in assuring the conditions in which people can be healthy” (https://www.ncbi.nlm.nih.gov/books/NBK218215/#ddd00019) is an absolutely necessary but no longer sufficient driver for building a national consensus. The past two and half years have taught us that public health, when structured, managed, supported and maintained properly should be a part of national defense, the basis of a strong economy, and an important part of efforts to achieve social justice and health equity.

That is why I believe that the U.S. Public Health Service needs to be part of the foundation of a rebuilt and reconstructed public health system. The Department of Health and Human Services in its current form cannot provide the Federal leadership in health that is necessary. Most of HHS’ resources go to what the Department itself calls its “human services agencies” rather than those focused on health (https://www.hhs.gov/about/agencies/hhs-agencies-and-offices/index.html). The United States needs a separate Department of Health, headed by a Secretary with line authority over the eight agencies which comprise the USPHS. The Commissioned Corps of the USPHS, as a military service, can serve as the forward-facing embodiment of a national health protection mission. The highest-ranking officer in the USPHS Commissioned Corps should serve as the Secretary of that Department of Health.

If those of us in public health are willing to embrace change, I believe that we can recenter public health as a shared commitment, restore faith in public health as a guarantor of the promise of well-being and reassure those who have been misled by disinformation that public health decisions are driven by science and not by politics. By encouraging and advocating for a new public health infrastructure, we can help ensure that public health will be successful both as part of our national defense and in fulfilling society’s interest in assuring the conditions in which people can be healthy.
We Trained, We Came, and We Conquered

by LCDR Marie Jeoboam, MD, MS, FAAFP; LT Samora Casimir, OTR/L, OTD; LT Terrin Ramsey, RN, BSN, MSN-PH; and LT Rebekah Lee, PharmD, BCPS.

On Saturday, April 2, four PHS officers reunited for the Savannah Women’s Half Marathon and 5K running event. It was nice to get together again and be among PHS officers once stationed in previous duty stations.

We provided encouragement and held each other accountable throughout training. LT Lee was challenged by training on the hills, dirt roads, and high elevation of Tuba City, Arizona, but the camaraderie and group support helped her to overcome the tough terrain. Paces for most of us decreased due to the many benefits of running in a group, such as, keeping us motivated, urging us to stay with the pack, and remaining focused on our breathing. LCDR Jeoboam stated, “I was really motivated, empowered, and inspired to do well. I was encouraged to do my best, leading to a personal record for 5K.”

LT Ramsey, our event leader, stated, “Race day came, and the energy of all the runners and friends gave us the boost we needed to keep our pace under the goal.” We all hope to continue running in races to support good causes, create new memories with friends, and break more personal records. The warmth of the southern hospitality, cheers from residents, and beautiful tree-lined streets of Savannah, Georgia, provided a beautiful backdrop. We all had a lot of fun, met new people with similar interests, and look forward to our next running group event.

Congratulations to LT Ramsey and LT Lee for finishing their first ever half marathons!
After going two years without, the COF Symposium is finally back. I am thrilled to see old friends and meet some zoom friends for the first time. As we come together, I hope this symposium brings our members a sense of healing. In the past two years, we experienced a historical workload and have proven our worth and relevance. However at a time we should be flying high, some of us may be feeling low. As the pandemic subsides and we begin close this chapter in our lives, I hope we can venture forward with a renewed sense of officership.

The mission of the United States Public Health Service is to protect, promote, and advance the health and safety of the nation with core values of leadership, service, integrity, and excellence. However, I feel this can be sometimes take a back seat to an officer’s self-interest. Time and time again, it seems this is what officers want to talk about in private conversations and during leadership webinars. We are all aware there has been a paradigm shift and that the rank bell curve needs to balanced. We signed up to make a difference and touch people’s lives, not to outplay our brothers and sisters in uniform. It saddens me to hear stories of officers cheating, putting others down, taking credit for others’ work, sabotaging others work, and calling out others’ flaws. These behaviors not only tarnish the Corps, but tarnish you as a human being. Please stop. We all compete for promotions, whether uniform service or civilian life, and many of us are passed over for the job we want. There are people today who still hurt that they did not get accepted to their top college pick. They only have one shot where we have many. Never think of your rank as “the scarlet letter”, or “I didn’t get promoted so here I am with this oak leaf.” Wear your rank with pride, you have already achieved so much.

I write this not only for all of you, but for myself as well. I have been chasing the pharmacy category O-6 for eight years and it has absolutely consumed me. It is time to stop focusing on the chase and reclaim our lives. It is time to heal and focus back on our mission and core values. Do meaningful work, touch people’s lives. If your increase in rank was meant to be it will happen. If not, you are already doing amazing at your current rank.
On Saturday, April 9, the DC COA Recreation and Networking committee challenged officers to save the world from a zombie apocalypse in The Omega Protocol – a 3-D virtual escape room. The premise was centered around a group of rogue scientists whose experiments to prolong human life go horribly wrong and unleash the rise of zombies. Officers were tasked with working in teams to solve a series of puzzles spread over three unique levels. One of the puzzles involved searching for various chemicals throughout the room and determining the correct percentage and order in which they should be added to formulate the antidote.

LT Lacreisha Eijke-King noted that teams sometimes used a divide and conquer strategy and used the chat tool to share information. One of her highlights was the opportunity to virtually meet and have fun with other DC COA officers whose names she had only previously seen in emails, as well as meet officers located outside of the DC area.

A total of eight officers and one family member participated in the event including CAPT Robin Bartlett from Nashville, TN and CAPT Juliette Taylor’s son. The event also served as an opportunity for two deployed officers - LCDR Alesha Harris and LT Aakash Jain – to get some virtual R&R. Safe to say, our officers were able to step into the chaos of the Omega Protocol, quickly assess the situation, and work together to contain the spread and uncover the antidote before time ran out. All in a day’s work.

DC COA Uncovers Zombie Antidote

by LT Jazmin Reed, PhD, MPH

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Practicing the Full Scope – Dry Needling in Physical Therapy

by LT Candice Todd, PT, DPT, MS, Cert. DN and LT Joseph Douglass, PT, DPT, CSCS

History/Background

Dry needling refers to the use of a thin monofilament needle, as used in the practice of acupuncture, without the use of injectate. Target treatment areas for dry needling include muscle, tendon, ligament, subcutaneous fascia, scar tissue, peripheral nerves, and neurovascular bundles to treat a variety of neuromuscular and musculoskeletal pain. Western dry needling has its origins in eastern acupuncture as well as the western practice of injections of anesthetic to treat painful musculoskeletal conditions. The first papers to be published in medical journals on the subject came out in the late 1930s to early 1940s. In the 1970s, as China began to open up to the world, the practice of acupuncture became of interest. During the 1980s and 1990s, acupuncture and dry needling were closely related and often synonymous. After the turn of the century, dry needling began to separate itself from acupuncture, specifically with the use of the trigger point model, and use surged in the medical, physiotherapy, chiropractic, and osteopathic professions. Since then, the use of dry needling for treating more than muscular trigger points has been explored, but consensus on its definitive uses is yet to be reached.

Objectives/Benefits to Rehab

One of the most common objectives of dry needling is the so-called “deactivation” of myofascial trigger points. The physiology is not well established, but one leading theory is the insertion of the needle reduces electrical activity in the muscle fiber, potentially eliciting a local twitch response and “releasing” the trigger point. Other possible effects are increased local blood flow, reduction of local inflammatory chemicals, activation of supraspinal pain processing centers – including release of endogenous opioids – and pain inhibition via “gate-theory” mechanisms.

The main clinical outcome associated with dry needling is pain relief. However, some evidence suggests dry needling is not superior to other physical therapy treatments in terms of functional outcomes for musculoskeletal conditions. Long term outcomes of dry needling used in isolation have not proven clinically meaningful. Therefore, dry needling is often used as part of a multimodal approach to treatment. The utilization of the pain-relieving effects of dry needling allow the patient to participate in otherwise uncomfortable treatments or exercises. Becoming credentialed in dry needling allows therapists to provide a wider array of treatments to patients.

Credentialing Process

Dry needling in physical therapy has become increasingly prevalent, and the intervention is rising to become included in the PT scope of practice in various states throughout the Nation. With the support of state law and advocacy from the American Physical Therapy Association (APTA), physical therapists like LT Candice Todd, PT, DPT, MS, Cert. DN and LT Joseph Douglass, PT, DPT, CSCS of the Greater Texas Branch are striving to become skillful clinicians and receive the appropriate educational qualifications to engage in the intervention. Certification in Dry Needling (Cert. DN) is awarded upon successful completion of 54 hours of hands-on dry needling education. Dry needling courses are approved to clinicians licensed in physical therapy, occupational therapy, athletic training, chiropractic, medicine, osteopathic medicine, nurse practitioner, and physician assistant. Participants are required to achieve proficiency with comprehensive written examinations as well as hands-on practical application to successfully pass and receive credit.

American Academy of Manipulative Therapy

The Dry Needling Institute of American Academy of Manipulative Therapy (AAMT) provides competency courses in dry needling that help practitioners understand the clinical presentation of neuromuscular dysfunction, the clinical reasoning process behind the selection of dry needling, the indications, precautions, and contraindications for safe performance, and the psychomotor skills necessary to deliver safe treatment. Two courses are offered by AAMT that meet the requirements of certification, DN-1: Dry Needling for Craniofacial, Cervicothoracic, & Upper Extremity Conditions: An Evidence-Based Approach and DN-2: Dry Needling for Lumbopelvic & Lower Extremity Conditions: An Evidence-Based Approach. DN-1 focuses on superficial and deep dry needling techniques as treatment for the management of
The New Public Health Director Talks about His Goals for Force Readiness

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Rear Adm. Brandon Taylor was recently appointed to be the new director for the Defense Health Agency’s Public Health directorate. In an interview, he discussed how he is approaching his new role, his goals for Public Health within the Defense Health Agency, and the importance of Public Health to a medically ready force and a ready medical force.

Taylor has been in the U.S. Public Health Service Commissioned Corps for more than 24 years and most recently was chief of staff for the Indian Health Service within the Department of Health and Human Services. He has a doctorate in pharmacy and is board certified in pharmacotherapy. He is an enrolled member of the Seneca-Cayuga Nation.

MHS Communications: What is the current state of the DHA Public Health directorate?

Rear Adm. Brandon Taylor: It’s an exciting time in DHA Public Health. Our divisions within the directorate have been fully engaged these past two years fighting the COVID-19 pandemic. In this regard, the Immunization Healthcare Division and Armed Forces Health Surveillance Division have been the force behind the data that inform DHA leadership on trends and tracking as well as vaccine proliferation. A team from the Total Force Fitness division recently met with state public health officials, community leaders, and federal partners to further the discussion on DOD collaboration with local communities across the country where our warfighters live. Their aim was to address the social determinants of health, improve resiliency, address mental health concerns, and improve overall health of our service members and their families.

MHS Communications: On a day-to-day basis, how does the Public Health directorate interact and support a medically ready force and a ready medical force?

Rear Admiral Taylor: A very basic view of public health is health promotion and disease prevention. That’s what we do in Public Health. We are constantly assessing, monitoring, and surveilling data and systems to identify, study, alert, lessen, and prevent disease and hazards for our service members to ensure that we are a medically ready force. The environment is never at rest and neither are we.

MHS Communications: What are your top priorities in line with Public Health’s status today?

Rear Adm. Taylor: Certainly, the Public Health transition from the services to DHA is a top priority for us, but we cannot lose focus on ensuring that the infrastructure, processes, and systems are in place to receive a significant infusion of personnel, resources, and physical space. We are actively discussing and planning what Public Health should look like in a year, five years, and beyond.

MHS Communications: How do you envision the DHA’s Public Health directorate helping with the Military Health System Transformation?

Rear Adm. Taylor: In many ways, much of Public Health in the DOD has already seen lessening duplication over the years and, as a result, we are primed for transformation. As an example, IHD has been functioning as a joint service for several years already. Over the years, the services have lessened duplication naturally, so I believe that this will greatly assist with a smooth transition into DHA Public Health.

MHS Communications: How does Public Health prevent diseases and their spread and what is the next thing to look for?

Rear Adm. Taylor: It is the collective goal of the public health enterprise to detect and assess disease threats to our services before their exposures and to prevent diseases from negatively affecting their health and the mission. DHA intends to continue enhancing integrated biosurveillance and coordinating with our DOD mission partners to provide early detection and warning of potential threats in the operational environment as well as at our garrison locations.

MHS Communications: How does Public Health factor into Total Force Fitness?

Rear Adm. Taylor: We play a significant role in Total Force Fitness as the public health principles of “health promotion” and “disease prevention” have great implications for TFF. For example, public health teams recently reported the results of monitoring for heat-related injuriesDVIDS website article on Are heat-related medical conditions among Soldiers rising? at the Army installation in Aberdeen, Maryland. Everything we do in DHA Public Health is to benefit and improve the total fitness of the force to ensure they are protected, ready, and fit to fight.

MHS Communications: Where did your interest in pharmacy come from?

William “Bill” Medlin was a family friend, and as a youth, we attended the same church in Elizabeth City, North Carolina. I really looked up to him as a grandfather figure, a man of faith, and a professional with keen knowledge and wisdom. When I learned of his profession, I shadowed him in his community pharmacy for a month as part of a high school program. I saw how he interacted with his patients and the community, and he embodied leadership, care, and compassion to me. Seeing how the community looked to him for his sincerity, concern, and knowledge as their pharmacist, I wanted to be like him and serve like him.
Junior Officer Spotlight

LCDR Ulysses Singleton

Physical Therapist at Commissioned Corps Headquarters, Rockville, MD

LCDR Ulysses Singleton began his career with the Federal Bureau of Prisons (BOP), at FCC Coleman in Sumterville, FL. He was the Chief Physical Therapist, responsible for the therapeutic care of over 7,000 inmates housed in 5 separate institutions. To improve the quality of care provided, he attended the Advanced Physical Therapy Clinical Course at the United States Air Force Academy. LCDR Singleton developed programs to improve access to care for inmates in the maximum-security Special Housing Units of the prison. He also served on FCC Coleman’s Affirmative Employment Committee as a Bureau Battle Buddy program manager. This assisted over 300 honorably discharged staff members obtain information on benefits, including VA disability, education, and retirement.

LCDR Singleton has also been actively deployed in support of the USPHS mission. He served as a physical therapist, during a 32-day humanitarian mission aboard the USNS Comfort (T-AH20), traveling to Haiti, Jamaica, and the Dominican Republic. LCDR Singleton provided oversight to the on-site case management team during the Unaccompanied Minor mission “Operation Artemis,” safely reuniting over 500 children with their families and caregivers.

LCDR Singleton currently serves as a Program Coordinator and an Instructional Officer for the Training Branch, Commissioned Officer Training Academy. His role provides support for instructional training development, officer development courses and the Commissioned Corps Learning Management System. He created the outline for the inaugural training plan for the Ready Reserve Corps.

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Inarguably, recruitment has always been fundamental for the growth of an organization or business. As such, with the introduction of the new Ready Reserve Corps, more than ever, all Commissioned Corps Officers are called upon to spread the word to enhance the recruitment of new officers into our service. Consequently, USPHS officers stationed in Texas and New Mexico seized a unique opportunity to promote the USPHS Commissioned Corps as soon as in-person events were authorized by the Surgeon General.

On March 28, officers stationed at the Indian Health Service (IHS) in Albuquerque and Gallup, New Mexico and at the Immigration Health Service Corps (IHSC) in Houston collaborated and held a recruitment event for 3rd and 4th year pharmacy students and other health professions at Texas Southern University (TSU). Officers from different categories were represented to include Pharmacy, Dental, Nurse and Health Services. The recruitment event was coordinated under the umbrella of the Black Commissioned Officers Advisory Group as TSU is one of many historically black colleges and universities (HBCU). Students expressed interest in joining the Corps, were very engaged, and had numerous follow-up questions about officer experiences and the accession process. Some students expressed knowing little to nothing about the USPHS and asked officers present to participate in future recruitment events.

Some of the officers met with the Dean of the College of Pharmacy and Health Sciences who expressed gratitude for having our Corps in attendance and looked forward to future opportunities for engagement and collaboration.
Virtual 5K Run Celebrating Occupational Therapy Month

by LCDR Narisa Tappitake and LT Samora Casimir

On Saturday, April 9, LCDR Narisa Tappitake, an Occupational Therapist stationed at the Intrepid Spirit Center at Fort Carson, Colorado, and LT Samora Casimir, an Occupational Therapist stationed at the National Institutes of Health in Bethesda, MD, collaborated to host a virtual 5K to support their profession. April is Occupational Therapy (OT) Month. LCDR Tappitake and LT Casimir teamed up to promote physical fitness and health among their peers, friends and family.

LCDR Tappitake led a group of four other PHS officers, their kids, friends and pets. She chose a course that had easy access, ample parking and offered great views of Pikes Peak and the surrounding Rocky Mountains. LCDR Tappitake states, “Planning virtual events can somewhat be challenging but I made a great attempt to send out personal invitations and I found a time and place that was convenient for everyone to join in.”

LT Casimir led a group of seven of her civilian friends, some retired Army service members and one active-duty Army nurse through a 3.5-mile course at the Occoquan Bulls Run Trail in Virginia. “Despite the cloudy weather, we all enjoyed running together; everyone was so supportive in participating in the 5k and taking a fun picture at the end,” said LT Casimir.

Overall, these OT officers had a total of 37 participants (22 PHS officers, 9 civilians, 1 active-duty Army service member, 5 minors and countless dogs) completed the 5K in honor of Occupational Therapy Month.

PHYSICAL THERAPY from page 9

headache, TMJ disorders, cervical, thoracic, and upper extremity pain syndromes including radiculopathy, mechanical neck pain, carpal tunnel syndrome, shoulder impingement syndrome, and lateral epicondylyalgia. In DN-2, participants learn superficial and deep dry needling techniques for treatment of lumbopelvic and lower extremity musculoskeletal conditions including, but not limited to mechanical low back pain, sciatica, knee osteoarthritis, ankle sprains, and plantar fasciitis. With sound professional guidance and thorough training, clinicians learn the essential components or dry needling practice to be effective practitioners in an ever-evolving field.

Bibliography

to the county level and outlines how the disease has affected various demographics. The Tracker details current CCLs for an area and tells viewers what the level means from a public health perspective. Other information included on the Tracker includes where vaccinations have been delivered and are covered, vaccine effectiveness, and details regarding breakthrough case surveillance. The Tracker also includes forecasts of cases, hospital admissions, deaths, testing, and positivity rates in the coming weeks. There are data on the burden of COVID-19 among healthcare personnel and settings, and genomic surveillance data for tracking the current prevailing COVID-19 variants. Lastly, wastewater surveillance data, one of the newest tools being used to monitor the virus, are also available on the Tracker.

Other publicly available tools include the Community Profile Report. The purpose of this report is to offer straightforward, easy-to-interpret information on key epidemiologic indicators for most regions, states, core-based statistical areas (CBSAs), and counties in the country. This report provides a daily snapshot in time that concentrates on recent outcomes in the last seven days and fluctuations compared to the prior week, and includes visual interpretations of various data. There is also a backing spreadsheet that provides granular county and health service area data on approximately 40 different variables.

Another resource that provides State and jurisdictional data by county, parish, or territory is the State Profile Report. This report also shows the national picture of vaccinations by age group, cases, test positivity rates, hospitalizations, and deaths with snapshot comparisons from the last three months, along with current COVID-19 Community Levels.

There are many informational sources regarding COVID-19 on the web, but not all of them provide details on the data sources. The informational products described above are backed by surveillance data collected by CDC through local jurisdictional partners, are freely available to the public, and are frequently updated with oversight by DAV-TF and the White House COVID-19 Response team. This is the same data that scientists, researchers, and policymakers are using to update the public quickly and accurately on the status of the pandemic. Several Commissioned Corps Officers have been involved in the development of these products throughout CDC’s response and continue to support DAV-TF within the COVID-19 Response as needed going forward. Bookmark these links (CDC COVID Data Tracker, Community Profile Report, and State Profile Report) to have the latest information available. Share these resources with local communities to help inform and hopefully reduce the spread of the virus.
LEGISLATIVE from page 2
to the leadership of the House Appropriations Subcommittee on Labor, HHS, and Education to ask the Subcommittee to request that the Surgeon General to report to the Committee on the feasibility of issuing DD 214’s to USPHS Officers who retired or separated from USPHS service prior to October 1, 2021. A specific ask, and more likely than issuing to all retirees and former officers, would be for CCHQ to make available a process for individuals who want a DD214 to request it through CCHQ. More to follow at a later date.

Park Passes
As you know, COA tried and failed to get language including all the Uniformed Services into the Alexander Lofgren Veterans in Parks military park pass program in Section 641 of the FY 22 National Defense Authorization Act. Currently, military park passes are available to members and veterans of the Armed Forces, National Guard, and Reserves, their dependents, and Gold Star Families. COA and Taylor Strategies are beginning to hold meetings with the Congressional staff responsible for amending the law governing the military park pass program in the FY 2023 NDAA. This may be considered a far reach by some, but COA is dedicated to advocating for Commissioned Corps Officers and veterans to receive the benefits they deserve and other branches already enjoy.
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Protect Skin

3M™ Cavilon™ Advanced Skin Protectant
Help patients return to normalcy with a non-irritant repellant moisture barrier.

Prepare Wound Bed

3M™ Promogran Prisma™ Matrix
The right balance of components for a powerful difference in wound management.

Optimize Wound Environment

3M™ Tegaderm™ Silicone Foam Dressing
Help patients heal in comfort with strong yet gentle wound protection.

Provide Therapeutic Compression

3M™ Coban™ 2 Two-Layer Compression System & 3M™ Coban™ 2 Lite Two-Layer Compression System
Help enable normal lifestyles and encourage longer wear times.

Ready to make a difference in your patients’ lives?
Visit Booth 501 at USPHS Scientific and Training Symposium to learn more.

NOTE: Specific indications, contraindications, warnings, precautions, and safety information exist for these products and therapies, some of which may be Rx only. Please consult a clinician and product instruction for use prior to application.

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Keep It Simple

Have you ever gone into your closet and said to yourself, “I really need to get rid of some things?” I have. My storage unit, my file cabinet, and my drawer at work are all full! Our lives of convenience, our sentimentality, and impulse spending often cause us to hold on to things. What you may not realize is that this clutter can invade not only your personal space, but your spiritual space as well. We have to make space for the sacred and utilizing the spiritual exercise of simplicity can help us to achieve that.

Simplicity can be defined as a willingness to abstain from using resources for your own gratification and aggrandizement in order to free us from bodily desires and anxieties over trivial things. This is a mindset which helps us to focus more on gratitude, trust, and dependence on a higher power. Many religions such as Christianity, Buddhism, and Jainism emphasize the practice of simplicity. Buddhist monks are known for their simplicity, but did you know that there are Buddhist nuns also? The book Choosing Simplicity by the Venerable Wu Yin, an ordained Buddhist nun, describes the ordination vows as a guideline to promote harmony by simplifying relationships with oneself, the community, possessions, food, clothing, and shelter.

Not all of us are called to live a monastic or ascetic life. We can, however, practice simplicity in our daily lives and reap the spiritual benefits that it offers. We can start by decluttering our closets and donating to those in need. We can declutter our schedules and make time to wash our dishes by hand with our kids. We can go on a short term spiritual retreat. We can practice simplicity in our officership by limiting our leadership roles on projects, committees, and personal interests. This not only helps us keep our sanity, but it gives others an opportunity to lead and us a chance to put our very best into the roles that we keep.

May we all find the courage to simplify our lives and promote harmony in our relationships to others and to things. You are all in my thoughts and prayers.

Education: The Vinaya

A collection of Buddhist scriptures by Shaka- muni Buddha which teaches ethical discipline along with instructions on subduing infractions. The precepts in these scriptures teach followers guidelines for how to subdue their physical and verbal actions and become more aware of their mental motiva

Spiritual Exercises

1. Read Choosing Simplicity: A Commentary on the Bhikshuni Pratimoksha by Venerable Bhikshuni Wu Yin.
2. Write down 3 ways in which you could simplify your life and try each for at least a week.
3. Watch a documentary called: Minimalism: A Documentary About the Important Things

Questions? Comments? Contact me at khredman@hotmail.com.
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Unfortunately, these cost-cutting measures still could not prevent the need to implement a modest increase in the price of membership. While we were diligently working to reduce expenses, prices increased that were out of our control, including the cost of IT and cloud base network and security services, our online association management database, marketing costs, and insurance. Starting July 1st, you will see a very modest increase of your dues.

Now, some good news:

We have made a change to our organizational structure in order to better support you through increased advocacy on Capitol Hill and with agency leaders. We will continue to use the highly impactful consulting firm Taylor Strategies, a full-service government relations partner that offers a complement of services – from strategic advice and counsel to coalition-building and direct lobbying. Taylor Strategies President, Bettilou Taylor, and her team bring nearly four decades of public service and policy expertise to help COA achieve our public policy goals through well-reasoned strategic planning, brand positioning, compelling messaging, and a tactical approach to policy development. Additionally, we have added a Deputy Director back to the COA leadership team. Dave Corrigan, who previously served as a Veterans Affairs and Field Representative for Rep. Madeleine Dean, joined the team last month and has hit the ground running.

As we prepare to roll out our new branding look and feel, as well as a new database and website, I am confident that you will feel optimistic about COA’s forward direction. COA is the USPHS Commissioned Corps’ best friend. Each of you, as members, are integral to the success of the organization. We will speak up for you and fight for what is best for you and the Corps. We will remain proactive and collaborative in supporting the mission of the USPHS. COA-Your Corps, Your Causes.