

from the
Executive Director



James T. (Jim)
Currie, Ph.D.,
Colonel, USA Ret.

The Future of the Commissioned Corps is Bright

The Commissioned Corps has a great future ahead of it if plans for its growth proceed as promised. You undoubtedly remember that the President's budget for Fiscal Year 2019 attacked the Commissioned Corps in language that came directly from a 1996 GAO report. "The Corps receives military-like benefits, but has not been incorporated into the Armed Forces since 1952 and generally does not meet the Department of Defense's criteria for the military compensation system." I would use a strong expletive to describe my feelings about such a statement, but it wouldn't make it past the COA censors.

Instead, I will simply say that I have looked diligently for the "Department of Defense's criteria for the military compensation system" and have
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Indian Health Service pharmacists apply evidence-based strategies to address the opioid crisis



In August 2019, the IHS Division of Clinical and Community Services (DCCS) hosted the National Clinical and Community-Based Services Conference in Portland, OR, where over 90 community health representatives completed naloxone train-the-trainer certification. From left to right: LCDR Jeff McCoy, LCDR Kristin Allmaras, CDR Tana Triepke, CDR Kailee Fretland

by LT Sherry Daker, CAPT Cynthia Gunderson, CDR Kailee Fretland, CDR Hillary Duvivier, LCDR Kristin Allmaras

The epidemic of overdoses and deaths from illicit and prescription opioids has devastated families and communities across Indian Country. According to the Centers for Disease Control, between 2016-2017, American Indians and Alaska Natives (AI/AN) had the second-highest overdose mortality rates from all opioids, the second-highest from heroin, and the third-highest from synthetic opioids. Indian Health Service (IHS) pharmacists are readily-accessible health care providers serving on the front lines of the crisis in collaboration with tribal communities. These pharmacists are actively involved in improving safe opioid prescribing, increasing access to treatment of pain and Opioid Use Disorders (OUD), and implementing harm reduction strategies.

The IHS recognizes that solutions to combatting the crisis require coordinated efforts and multipronged approaches. In March 2017, the IHS National Committee on Heroin, Opioids

COA Member Benefits

Capitol Hill Representation

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

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Legislative Update U.S. House Lawmakers Launch New Attack On 'Youth Tobacco Epidemic'

by Judy Rensberger

In the U.S. House of Representatives, the deadly vaping crisis has led to a new determination to stem tobacco use, especially among young people. In the Spring of this year, Rep. Frank Pallone, the Democrat representing New Jersey's 6th Congressional District, introduced a legislative proposal titled the "Reversing the Youth Tobacco Epidemic Act of 2019." The first co-sponsor was Rep. Donna Shalala, who served as head of the Department of Health and Human Services under former President Bill Clinton.

By November, the Pallone-Shalala bill, also known as H.R. 2339, had attracted the support of 92 co-sponsors. All are Democrats, with the exception of retiring New York Congressman Peter King, the long-serving Republican who represents the 2nd Congressional District of New York State.

As *Frontline* goes to press, House co-sponsors cover the District of Columbia and 91 congressional districts in 29 states. Two days after its introduction, the bill was referred to the House Energy

and Commerce Committee, which Rep. Pallone chairs. Its Subcommittee on Health held a public hearing on 16 October and a subcommittee mark-up on 13 November, then favorably reported the bill to the full Committee.

Challenges

In these hyper-partisan times, the outcome is highly uncertain, to say the least. As I write, there is no Senate companion to H.R. 2339. In the House, bipartisanship is minimal. "Big Tobacco" does not seem to have weighed in, as far as I can tell, but that does not mean it won't. As the CEO of the American Heart Association said publicly, "the tobacco industry has a long history of predatory marketing to younger customers." Finally, the impeachment proceedings and the Democratic primaries are occupying much of the nation's public policy attention span.

Rationale

The Energy and Commerce Committee's press materials say the proposal aims to stall the sharp rise in use of tobacco and e-cigarettes among young people." In just

Coast Guard Academy Aviation Week & Pioneering Astronaut Bruce Melnick

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

With the unique distinction of being a United States Military Service Academy with positions available for the assignment of PHS Officers, the United States Coast Guard Academy (<https://www.uscga.edu/>) has a variety of exceedingly rare and memorable opportunities for staff and students of the school, as well as for the PHS Officers stationed at this historic institution of higher education. The Academy traces its origins back to 1876 when the Revenue Cutter School of Instruction was established aboard the two-masted topsail schooner *Dobbins*. With the core mission of the U.S. Coast Guard Academy being the development of officers of character for future service to the Coast Guard, whether through academics, athletics, leadership development clubs, etc. this mission is accomplished through a variety of means during the rigorous four-year undergraduate curriculum. One such example of a club contributing to Cadet development is the Aviation Club which hosted its "Aviation Week" the week of 11 November 2019.

With designated aircrew throughout the university campus in flight gear, the week was filled with a variety of aviation-related events such as a Search & Rescue (SAR) demonstration featuring an H60 helicopter from nearby Coast Guard Air Station Cape Cod, MA; Rotary Wing Air Intercept/National Capital Region Air Defense presentation; and the culminating highlight of a dinner with and presentation by the Coast Guard's only two NASA Astronauts, CDR (Ret) Bruce Melnick and CAPT (Ret) Daniel Burbank. The Coast Guard Academy Medical Clinic had the honor and privilege of hosting the first NASA Astronaut in the history of the Coast Guard (<https://cgaviationhistory.org/1990-cdr-bruce-melnick-first-coast-guard-astronaut/>) when CDR (Ret) Bruce Melnick provided an impromptu visit the afternoon of Friday 15 Nov 2019 to speak with clinic staff.

A 1972 graduate of the Coast Guard Academy who became a NASA Astronaut in August 1988 (<https://cgaviationhistory.org/1990-cdr-bruce-melnick-first-coast-guard-astronaut/>), CDR (Ret) Melnick served twenty years in the Coast Guard as a pilot, chief test pilot, and in a variety of other roles. From missions such as STS-41 aboard the Space Shuttle *Discovery* in 1990 or STS-49 aboard the maiden flight of the Space Shuttle *Endeavour* in 1992, or from operational assignments as a Coast Guard Academy SAR pilot, Astronaut Melnick shared a number of memorable moments from his distinguished career of service of over 5,000 flight hours with the Coast Guard in multiple aircraft and over 300 hours of space flight with NASA.

Whether learning of the ten years of applying to NASA prior to selection to become an astronaut, or critical crew coordination and on-the spot adjustments in exceedingly-challenging space missions flying at 17,500 mph, or harrowing SAR missions in the unforgiving weather conditions of Alaska with a PHS Physician/Flight Surgeon, clinic staff were treated to poignant lessons of



Astronaut Bruce Melnick Speaking at the Coast Guard Academy Clinic



CAPT Simon Coin Presentation to Astronaut Bruce Melnick



Astronaut Bruce Melnick with CAPT Esan Simon & Family

perseverance and leadership from the man who was an August 2000 inductee into the United States Coast Guard Aviation Hall of Honor. In military tradition, Coast Guard Academy Clinic Medical Director and PHS Physician and Flight Surgeon CAPT Esan Simon thanked Astronaut Melnick with a PPAC coin for his career of service, inspiration to the next generation of Coast Guard pilots and future astronauts and for taking time out of his schedule to visit the Academy Clinic and speak with staff.



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November COA Board Chair

by CAPT Karen Munoz

Greetings COA members, friends, colleagues:

First and foremost, I want to give you all my most sincere wishes for a blessed holiday season! Whatever holidays you celebrate, may they be fulfilling and filled with love. I know that we are a diverse group, so there are various religious and cultural observances taking place in the next several weeks, but one day that all of us will have in common, regardless of faith – is a New Year. For many, it is a yearly ritual to take inventory of the year gone by, and to come up with goals for the next year; and I'm pretty sure most of you have experienced a time when you didn't come anywhere close to meeting all your grand expectations! I know I sure have. So, I hope you enjoy the month ahead, are able to formulate some goals for next year, and I pray that you are able to make some of your dreams come true.



Second, I want to discuss membership in the Commissioned Officers Association. The second half of each calendar year, the level of membership in COA always drops. It seems to have become a natural cycle: folks renew when they are registering for the Symposium in the spring, and then they let their membership lapse until the next time they are ready to register for the Symposium. And, if they don't plan to attend the following year, they often let their membership just fall off their radar. But, COA has to operate all year long. It has dedicated staff that work all year, every day, year after year. When discussing COA membership with some long-lost members, I have often been asked, "What has COA done for me lately?" My response... well, do you know what SMH means? Yeah, that!

Do you only stay friends with someone who has done something for you lately? Do you appreciate your husband only when he does something out of the ordinary for you? Do you love your mom only when she "does something for you"? No!... it shouldn't work that way.

For the last sixty-eight years, COA has been the ONLY Association that works solely on behalf of the US Public Health Service.

At least three times in the last five years, there have been actions within the government that threatened the very existence of the Commissioned Corps. The thing is, a politically appointed individual, or an active duty officer cannot outwardly oppose their own administration without some risk. But COA, and the competent leaders and staff that we have had over the years, such as Mike Lord, Jerry Farrell, Jim Currie, John McElligott, and Judy Rensberger can do so – and have done so numerous times. During these times in our history, there was no other entity so staunchly fighting and defending the USPHS. For the last sixty-eight years, as administrations have come and gone, COA has stood by as a steadfast friend – through thirteen US Presidents, through fourteen Surgeons General, and through twelve Acting Surgeons General. COA has worked on increasing the visibility and recognition of the Corps in countless ways, and has attempted to gain parity for the Corps through tireless advocacy. Many of you think of COA as the group to complain to when you don't get a particular discount or benefit – but COA is so much more than that.

Sometimes it is big news, and sometimes it is quiet work. Sometimes it is worthy of a *Frontline* article, an email blast, or a special announcement, and sometimes it is just the day-to-day slog that no one notices. If you want to know what COA has done for you lately, here's a sampling:

GI Bill Transferability: COA successfully lobbied to change the law to allow PHS officers to transfer benefits to dependents. Savings amount to millions of dollars for PHS officers and their

see **BOARD** continued on page 16

Empower the Next Generation: Teach Them DEFY

by LCDR Carla Chase, Proud Parent, USPHS Therapy Category

DEFY is an acronym that stands for Drug Education For Youth. The purpose of DEFY is to assist in the development of positive thinking and healthy living to produce drug-free active fruitful futures for children, adolescents, and young adults. Children 9 – 12 years old enroll in DEFY activities that build character, leadership, and confidence so can engage in community activities as they progress through school. Adolescents 13 to 17 years old are taught to be junior mentors and learn how to encourage the younger children in the program, while young adults 18-years old or older instruct the youth on these skills. DEFY is a two-phase program which starts with a two-week, sixty-four hour training in Phase 1 and follows each youth throughout the school years in Phase 2. Phase 1 of DEFY was held at Fort Meade High school. It was a great two weeks for all involved.

Bryan Luttrell and Geneveve Shepard led a team of fourteen instructors, two junior mentors, and twenty-four youth this summer from July 8 – 18. They started each day with the Pledge of Allegiance and the sixth fold of the United States of America flag. After a healthy breakfast snack, the students, mentors, and instructors participated in character-building activities (i.e., build-ups and build-downs, saying positive comments, drug jeopardy game, and reviewing the myths and facts of drugs). Next, they participated in physical activity and a variety of athletic events, followed by instructions on drug education and how to make good choices when it comes to prescriptions and street drugs. The children learned the names of drugs and discussed what they already knew and what they needed to know about drugs to keep them safe. They learned possible ways to respond if they are ever approached about using or selling street drugs, and how to be confident when they say, “no.”

LCDR Carla Chase was one of the guest speakers and talked with the group about their brains and bodies and opioids. LCDR Chase taught the group about endorphins and how this chemical is produced naturally in the body by doing exercise, eating comfort foods, and even laughing. The group learned how opioids mimics endorphins and disguises itself from the brain to penetrate the brain and relieve pain. They learned about times when opioid use is appropriate and that everyone who has used an opioid is not necessarily making bad choices. By the end of the presentation, the teenagers and adults understood the differences between the proper use of over the counter medications and prescription



medications, as well as drug misuse. These lessons were taught to help the group gain knowledge and increase their chances of making better choices.

The group learned to build positive relationships, only use over-the-counter and prescription medications as prescribed, and to say “no” to street drugs. In phase two, the instructors, junior mentors, and students will remain in regular contact and meet monthly to remind each other of what they learned during phase one. They will support each other in a lifetime of growing and being healthy and educated about the choices they make from what they have been taught in DEFY.

<https://m.facebook.com/DEFYMD/>

Cherokee Nation Intensive Diabetes Management Service Training Program

by CDR James Chapple and CDR Linzi Allen

The Cherokee Nation W.W. Hastings Hospital (CNWWH) Comprehensive Pharmacy Clinical Service (CPCS) team has developed an Intensive Diabetes Management (DM) Service training program designed to train pharmacists in the Cherokee Nation health system and the Oklahoma City Area Indian Health Service (OCA IHS) in the management of patients with Type 2 Diabetes Mellitus (T2D). This initiative helps promote the mission of the United States Public Health Service (USPHS) through the advancement of the health and safety of the indigenous peoples of our country.

In 2010, the Cherokee Nation Intensive Diabetes Management Service began with the attempt to help one patient. One of the pharmacy support staff's spouse was placed on 250mg of Metformin and was still on that dose six months later. It was at this point that certain pharmacists realized that they were in a position and had the training to help patients obtain their ideal individualized regimen more efficiently. In conjunction with the Special Diabetes Program for Indians (SPDI) grant program of the Cherokee Nation, the IDMS was developed and patients were enrolled.

Almost ten years later, the IDMS has helped over 300 patients manage their disease more effectively. The clinic was expanded to include management of cardiovascular risk reduction through hypertension and dyslipidemia management. In 2017 the pharmacy resident at CNWWH assisted with advanced DM monitoring technology to further help patients manage their disease. Once again partnering with the Cherokee Nation SDPI grant program, the CPCS team began using Continuous Glucose Monitors (CGM) in addition to their established program. The clinic's success in helping patients reach their glycemic and cardiovascular risk



From left, LCDR Carl Coats, LCDR Clayton Myers, CDR James Chapple, CDR Linzi Allen



CDR Chapple training other participants.

reduction targets was much better than anticipated. The IDMS program boasts average hemoglobin A1C (HgbA1C) reductions of 0.7% for complex patients referred to IDMS following failed Primary Care Provider management. Patients utilizing CGM have resulted in an average additional HgbA1C reduction of 1.1%.

In 2018, the CPCS team at CNWWH developed a program to help train other pharmacist within their health system, which includes eight outlying clinics and thirty other pharmacists. Through the request of the Cherokee Nation SDPI grant program, the training program was expanded to include other pharmacists

within the OKC IHS.

Two other pharmacists from the OKC IHS have been trained, and two other IDMS clinic starts within the Cherokee Nation health system are in the works. There are talks now with the Cherokee Nation health leadership to expand this training program to include other pharmacists throughout the IHS.

Though the IDMS began with the idea of helping one patient, it quickly grew into an idea that has helped hundreds, with the potential of helping thousands. This advancement was led by Commissioned Corps pharmacists hoping to advance the mission of the USPHS.

Pharmacists Bring Fresh Start Tobacco Cessation Program to Fort Hall, Idaho

by LCDR Rick Anderton

At the Not-tsoo Gah-nee Indian Health Clinic, pharmacy supervisor CDR Mark Black and pharmacists LCDR Rick Anderton and Cameron Marshall worked together to fight tobacco use. Through a partnership with the Southeastern Idaho Public Health Department and the American Cancer Society, the PHS pharmacists and their civilian colleagues opened the Fresh Start Tobacco Cessation Program to people who live or work in and around Fort Hall, ID.

The program provides support to anyone who wants to stop using tobacco in any form, including vaping. The free four-week program is held at the Fort Hall Indian Health Clinic. Participants must attend all four sessions. In return, they will receive free nicotine replacement therapy such as nicotine patches, gum, or lozenges. Data show the replacement therapy aids double the chances of successfully quitting the use of tobacco products. If participants are eligible for services at the clinic, then they may be prescribed other medications to aid in tobacco cessation.

The PHS officers at the Not-tsoo Gah-nee Indian Health Clinic encourage others to help colleagues and patients breathe easier through tobacco cessation programs.



LCDR Rick Anderton, PharmD

Aurora Borealis (AK) Branch Partners with Special Olympics Alaska

by CDR Anne Marie Bott and CDR Christina Eldridge

The Aurora Borealis Branch partners each quarter with Special Olympics Alaska (SOAK) as teams from around the state travel to Anchorage to participate in sporting events. The sporting events vary each quarter, ranging from bocce ball and golf in the fall to bowling and skiing during the winter months. More than 2,000 athletes and 1,000 volunteers participate, traveling from seven communities throughout Alaska.

Officers from the Aurora Borealis Branch support the program by serving both breakfast and dinner throughout the weekend for athletes, coaches and chaperones. During the Fall Games and Bowling Tournament, twenty-one officers volunteered fifty-four hours.

This year, SOAK is celebrating its 50th Anniversary, where community is their focus, sport is their passion, health is their commitment, and excellence is their goal. As volunteers, we support their mission, these inspiring athletes, and the Special Olympics movement.



Officers from the Aurora Borealis Branch COA serve breakfast for Special Olympics.

New England Branch's Flagship Event Continues to Grow and Help Veterans



by CAPT Robyn Coons and LCDR John Mistler

On August 17, 2019, the New England Branch of the Commissioned Officers Association (NECOA) held their annual flagship event, the "Birdies for Vets" golf tournament. For the past several years, this event has been held at the Heritage Country Club in Charlton, MA, in partnership with Project New Hope, a non-profit veterans organization. Through Project New Hope, this event supports various veterans' program ms, both local and nationwide, and 2019 marks the seventh year in a row that NECOA has organized and lead the event.

This year, twenty-seven four-person golf teams, primarily consisting of servicemembers and veterans, came to play,

and many more patrons attended the event or helped through sponsorships. Smiles and birdies filled the afternoon, only to be followed by a grand dinner and generous raffle of golf and sporting related items. The camaraderie was obvious, and most teams have already signed up for next year! NECOA helped raise over \$22,000 to help and support our nation's veterans.

NECOA volunteers and participants consisted of: CAPT Robyn Coons (Event Organizer), CDR Stacey Degarmo, CDR Mary McGarry, CDR Elaine Krauss, CDR Anna Santoro, CDR Debra Long, LCDR John Mistler, LCDR Sara Rasmussen, LT Chelsea Makowicz, and LT Mikayla Deardorff.

COA Awards Nominations are Due by December 31

COA offers a few awards each year. We encourage members like you to nominate outstanding individuals and Local Branches for the following awards. For more information and to submit nominations, please visit <https://coausphs.org/page/Awards>.

Health Leader of the Year

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

Local Branch of the Year

Recognizes the exceptional accomplishments of our Local Branches. Each year, a Large Local Branch (more than 60 members) and a Small Local Branch (fewer than 60 members) are recognized with Branch of the Year awards.

Civilian Outstanding Support of the USPHS

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

Congressional Public Health Leadership

Recognizes Members of Congress for outstanding efforts in support of issues affecting the public's health and/or the Commissioned Corps.

Retiree of the Year

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

FCC Coleman (FL) held second promotion ceremony for two outstanding Commissioned Corps Officers

by LT Cindy Haese Pallack

On July 12, 2019, Federal Correctional Complex (FCC) Coleman (FL) held its second promotion ceremony, honoring two outstanding Commissioned Corps Officers. FCC Coleman is the largest Federal Correctional Complex, housing nearly seven thousand male and female inmates. Thirteen Commissioned Corps officers work for the Federal Bureau of Prisons at FCC Coleman, providing health care to some of the most vulnerable populations in the United States. These PHS officers walk through those doors and never know what to expect, as no two days are ever the same. FCC Coleman was thrilled when two of their Commissioned Corps officers were promoted.

CDR Marlene Nicholson, who is the only social worker at the complex, was promoted to the rank of commander. CDR Nicholson is one of forty-seven Health Services Officers who were promoted to O-5 this year. The overall promotion success rate (excluding medical and dental categories) for temporary O-5 was twenty-two percent. CDR Nicholson achieved the grade of O-5 on her first attempt, which demonstrates the quality of her work. CDR Nicholson is truly an inspiration for many officers, as she is always involved in the Corps and is an exceptional leader with a kind demeanor.

LCDR Joshua Henderson, a physician assistant at the complex, was promoted to the rank of Lt. Commander. LCDR Henderson is one of twenty-four Health Services Officers who were promoted to O-4 this year. LCDR Henderson recently received a Commendation Medal for his exceptional work at FCC Coleman. FCC Coleman is extremely proud of CDR Nicholson and LCDR Henderson for their achievements.

We had the privilege of having CAPT Robin Hunter Buskey attend our promotion ceremony and serve as our keynote speaker. She has more than thirty-five years of clinical experience in primary care settings as a Physician Assistant and a Physical Therapist. CAPT Hunter Buskey dedicated an outstanding speech to both promotees. It was indeed an honor for us to have CAPT Hunter Buskey present at FCC Coleman.

The Commissioned Corps officers at FCC Coleman congratulate CDR Nicholson and LCDR Henderson!

“Opinions expressed in this article are those of the author and do not necessarily represent the opinions of the Federal Bureau of Prisons, the Department of Justice or the Public Health Service.”



PHARMACISTS from page 1

& Pain Efforts (HOPE) was chartered to promote appropriate and effective pain management, reduce overdose deaths from illicit and prescription opioid misuse, and improve access to culturally appropriate treatment. There are currently nine pharmacists serving in leadership positions among seven working groups. These pharmacists propose agency policy, develop and share best and promising practices, and create workforce development strategies to mitigate harm from substance use disorder in AI/AN communities.

Indian Health Service pharmacists have responded to the Surgeon General's call to action and have recognized the need for widespread availability of naloxone, a life-saving opioid blocker that can reverse an opioid-related overdose. Advanced practice clinical pharmacists practicing within IHS assist with establishing community naloxone deployment strategies and increasing access to co-prescribed naloxone for patients on chronic opioid therapy. Pharmacists serving on the HOPE Committee created a naloxone training toolkit that includes sample protocols, training curriculums, and naloxone competency forms. Additionally, the IHS has created Pharmacist Mentors for Co-Prescribing Naloxone that are positioned across ten IHS areas to provide support and technical assistance with naloxone co-prescribing initiatives as well as improving healthcare worker and community perceptions surrounding opioid use disorders. These IHS pharmacists have recently advocated for an expansion in first-responder definitions, to include community and paraprofessional distribution models.

IHS recognizes that comprehensive, multi-disciplinary, collaborative approaches are necessary to address the opioid crisis. Pharmacists within the IHS have created an opioid stewardship workbook to create a proactive, retrospective opioid surveillance strategy, use actionable data to inform professional peer evaluation strategies and interventions, and increase the capacity of health care providers and systems of care to integrate evidence-based opioid prescribing strategies into clinical practice. Advanced practice clinical pharmacists have developed pain management clinics that encourage best practices in managing acute and chronic pain. Pharmacists conduct functional status assessments, educate patients and families on the risks and benefits of pain treatment options, prescribe non-opioid pain management medications, coordinate rehabilitative and psychological interventions, and assist patients with accessing integrative health approaches.

The role of advanced practice pharmacists in the opioid crisis continues to evolve to include the treatment and management of OUD. Advanced practice pharmacists are working with chronic pain patients to manage complications and reduce risks associated with chronic opioid therapy including OUD and co-prescribed benzodiazepines. Pharmacists as medication experts are actively involved in opioid de-prescribing initiatives,



Pharmacists at the Red Lake Hospital provide medication assisted treatment, co-prescribe naloxone, participate in opioid stewardship activities, and lead pain management teams to promote prevention, family unification, and opioid recovery for patients and the community. From left to right: LT Sherry Daker, LCDR Brandon Anderson, LCDR Teresa Grund

buprenorphine inductions, patient education, and coordination of care activities. Across the IHS health system, advanced practice pharmacists have championed recovery programs and in some cases possess clinical privileges for Medication Assisted Treatment. These pharmacists are partnering with community programs to enhance linkages to care and improve population health outcomes through maternal and child health interventions. Through innovative approaches, pharmacists have forged collaborations with tribal jails in order to improve recovery rates and reduce recidivism.

Across IHS, pharmacists in a variety of direct patient care, leadership, and executive roles are paving the way to implement evidence-based strategies and public health approaches to address the opioid crisis. Pharmacists are accessible healthcare providers with trusting patient and community relationships uniquely positioned to implement OUD screening interventions, to connect patients to treatment services and recovery supports, to advocate for enhanced access to naloxone, to conduct specialty medication management services to optimize pain management outcomes, and to assist patients in accessing treatment services.

Promotion Ceremony Aboard the *USS Iowa*

by CDR Huu Nguyen and CDR Kari Harris

On August 11, 2019, a promotion ceremony was conducted for CDR Kari Harris, social worker, on board the *USS Iowa*. A retired battleship, the *USS Iowa* (BB-61) served during World War II. It shelled beachheads, screened for aircraft carriers, and did much more. Decommissioned for the last time in 1990, the *USS Iowa* is permanently in San Pedro, CA, at the Port of Los Angeles and is open to the public as the *USS Iowa* Museum.

After the presentation of the colors by the US Navy JROTC Color Guard of John F. Kennedy High School from San Fernando, CA, Mr. Walter Schuman performed the National Anthem on violin. CAPT David Lau was the keynote speaker at the event. His remarks focused on accomplishments of CDR Harris.

CDR Harris started her PHS career at Dover Air Force Base in Dover, DE. She continued her career in the Indian Health Service in Sacaton, AZ, and is currently working with the Federal Bureau of Prisons in Victorville, CA.

CAPT Lau administered the Oath of Office to CDR Harris. Family members performed changing of the boards, and CDR Harris led in singing the PHS March. The ceremony concluded with remarks from CAPT Lau and an informative tour of the *USS Iowa*, followed by a reception with over thirty officers, family members and friends.



CDR Kari Harris and LCDR Crystal Lui



CDR Kari Harris and CAPT David Lau

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yet to find anything with that name. Congress decided a long time ago that PHS officers would receive the same compensation as members of the Armed Forces, and that's that. Even the Special Pay that many of you receive (or are supposed to receive) is established by a committee that includes both Defense Department and PHS representatives.

It is also totally irrelevant that the Commissioned Corps has not been "incorporated into the armed forces since 1952," meaning since the end of the Korean War (which has not technically ended, as you probably know.) Almost 200 PHS officers took part in the Vietnam War, and close to 900 PHS officers traveled to Iraq and Afghanistan and served alongside their colleagues in the armed forces in those countries. PHS officers work with members of the Defense Department's forces all the time, including on the US Navy's hospital ships *Comfort* and *Mercy*. You are aware, I am sure, that there was a very close relationship between the PHS and the Defense Department when it came to setting up and staffing the hospital in Monrovia, Liberia, during the 2014-15 Ebola outbreak there. So, offering the statement quoted above as a way of disparaging the Commissioned Corps simply does not make sense.

The budgetary language of early 2018 was followed in the summer by the Office of Management and Budget (OMB) proposal to cut the Commissioned Corps by almost forty percent—from 6500 officers to 4000 officers. It was clear when this proposal came out of OMB (it was just one of a myriad of reorganization proposals contained in an OMB document) that someone at OMB neither understood the Commissioned Corps nor appreciated what the Commissioned Corps does for this country.

COA reacted to both the President's budget and the OMB proposal by going to Capitol Hill. We met with staff for all the relevant committees. We also reached out to the Congressional Research Service (CRS) and shared our thoughts with the experts there. Meanwhile, personnel in the Office of the Assistant Secretary for Health at HHS were working within administration channels to change the narrative with regard to the Commissioned Corps. Without going into specifics as to where COA went or with whom we spoke on Capitol Hill, I will say that the administration's anti-Commissioned Corps rhetoric and budgetary proposals were met with great skepticism on both sides of the political aisle on Capitol Hill. Time and again we heard from staffers of both parties that the Commissioned Corps was a valuable asset for our country and that it needed to grow, not shrink.

The Congressional Research Service, the non-partisan research arm of Congress, issued its analysis of the many OMB reorganization proposals in the early fall of 2018. CRS concluded that the Affordable Care Act provided the necessary legal authority for a Commissioned Corps Ready Reserve. They also concluded that cutting the Commissioned Corps as OMB proposed would require Congressional action during the appropriation process. That it could not be done by executive department fiat. We understand that HHS does not agree with either CRS interpretation, but CRS has been analyzing OMB and other proposals for a very long time,

and its analyses are generally well-regarded on Capitol Hill.

There was also the proposal from OMB to 'civilianize' officers who do not provide critical... services or support in public health emergencies." This was one of the dumber ideas in the OMB proposal, as you cannot simply "civilianize" a commissioned officer. You can "civilianize" a billet, but you cannot "civilianize" a person who holds an officer's commission. If you civilianized the billet in which an officer was serving, you would need to move the officer to another billet. But you could not wave the magic OMB wand and make the officer into a civilian employee. You also cannot force an officer to surrender their commission and take a job as a civilian. According to CRS, "The Surgeon General cannot involuntarily separate an officer except for cause related to individual performance." So that proposal is of no effect.

That's precisely where we are now. ADM Giroir has announced publicly on several occasions that his plans for the Commissioned Corps include growing it to a strength of 7500 and adding a Reserve Corps of 2500 on top of the active duty component. We applaud both proposals and have been working diligently, in partnership with HHS's Assistant Secretary for Legislation, to promote legislation that would re-establish a Reserve Corps for the PHS. COA Deputy Executive Director John McElligott was spearheading our effort, and now that John has left COA, that responsibility falls on other COA staff. John did a terrific job, and he left us in good shape on Capitol Hill. His work resulted in bipartisan support for Senate and House bills that would re-establish the Ready Reserve of the Commissioned Corps. We are working within The Military Coalition (TMC) to secure a TMC letter supporting this legislation. The TMC letter may already have been sent to Capitol Hill by the time you read this column.

We know—because we hear from you—that some officers are concerned that a Reserve Corps would be detrimental to active duty officers by somehow replacing them in their current jobs. We see absolutely no evidence that anything along these lines is in the works, nor do we see how it could possibly happen. We have told ADM Giroir of these questions and concerns, and he has assured us that the Reserve Corps will have no adverse effect on active duty officers in the Commissioned Corps.

In our last meeting with him and the other admirals who run the Commissioned Corps, we asked about recruitment efforts for increasing the size of the active duty Corps. ADM Giroir and RADM Orsega assured us that there will be a concerted effort to recruit more officers, across all categories, and that the now-lengthy recruitment process will be streamlined and shortened. We hope this is the case, as we think it takes entirely too long to bring an officer into the Corps.

We know that the Commissioned Corps has faced many challenges through the years, including threats to its very existence. It may surprise you to know that other uniformed services—including the Marine Corps—have also faced existential threats. The Marines are still here, and so is the Commissioned Corps. We at COA fight for the Commissioned Corps in every way possible. We have been doing so since 1951, and we will continue to do so.

Golden Gate (CA) COA Supports Stand Down on the Delta

by LCDR Annie Lam

There were over 350 at-risk and homeless veterans at the Stand Down on the Delta event that spanned from Friday, September 20 to Monday, September 23, 2019, in Antioch, CA. This was the third biennial event organized by the Delta Veterans Group. Many veterans at the event ate the first hot meal they had enjoyed in days. Veterans had access to free dental and medical care, counseling, legal aid, and VA claims assistance. They also received new clothes, haircuts, shaves, meals, hot showers, and sleeping accommodations.

US Public Health Service Commissioned Corps officers from the Golden Gate COA branch showed their support to our sister services and veteran community by volunteering for the event. During this event, three PHS officers and a PHS family member supported the women's and children activities and assisted with volunteer registration and check-ins. It was an amazing opportunity to assist so many at-risk and homeless veterans in the local community. Our officers also met and interacted with other military personnel, nonprofit, church, and service organizations and provided visibility of the United States Public Health Service.



From left to right, Photo of LT Christy Gadson, LCDR Annie Lam, CDR Lorelei Piantedosi and CDR Piantedosi's husband, Todd, volunteering at the 2019 Stand Down on the Delta.



LT Austin Van Horn in Tuba City, Arizona

More Than Just Counting Pills

by LT Austin Van Horn

As a pharmacist at Tuba City (AZ) Regional Health Care Corporation, I work to improve patient care by working in and continually trying to improve our outpatient pharmacy, inpatient pharmacy, anticoagulation clinic, and diabetes clinic. I am also training to be involved in our specialty care clinic, the first oncology center on the Navajo Reservation.

In addition to my primary work tasks, I strive to promote the USPHS public health mission by giving as many presentations to the community as I can. As the Tuba City Prevention through Active Community Engagement (PACE) Coordinator, I help plan and lead many different health related presentations about topics such as opioid abuse, heart health, exercise, etc. In order to reach as many people as possible, we have hosted these events at local schools, races, and health fairs. In order to help keep the community active and healthy, I was also one of three co-leads for the Tuba City Surgeon General's 5K that had 170 participants and supporters. I am planning to host another 5k run this fall.

In order to help support the USPHS Public Health Mission, I have joined RDF-5 so that I can help those in need through rapid response deployments. I also attended the Remote Area Medical event in Brownsville, TX, this year and helped the dental hygienists and see as many patients as possible.

Gain the Knowledge to Tackle Health Disparities in Low-Income Population Groups



Driven by her desire to improve public health for underserved populations in the United States, Penny Liberatos, M.A., M.Phil., Ph.D., associate professor and director of the Master of Public Health (M.P.H.) in Behavioral Sciences and Health Promotion program in the School of Health Sciences and Practice (SHSP) at New York Medical College (NYMC), is a force where she shares her expertise with tomorrow's public health professionals. She has worked for several nonprofit organizations in the fields of public health and education in New York City, including the New York City Department of Health and Mental Hygiene. Her research interests are quite varied, including health behaviors within low-income population groups, health disparities, especially among women and children and improving health communications. With a passion for public health and teaching, Dr. Liberatos serves as a mentor for students on research projects. Her recent presentations at the American Public Health Association (APHA) annual meeting (two with students), the largest gathering of public health professionals, focused on:

- Health care professional support for breastfeeding mothers with self-reported low milk supply: is maternal BMI a factor?
- Influence of New York's S.A.F.E. Act on individuals seeking mental health treatment: the patient's perspective



- A novel intervention to engage middle-school students in substance use prevention

Like Dr. Liberatos, all of SHSP faculty members are active practitioners and researchers involved in many important and timely research initiatives.

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Meet LT Brooke Marshall-McGhee in Tuba City

LT Marshall-McGhee was commissioned into the USPHS in July 2018. She joined the Tuba City (AZ) Regional Health Care Corporation (TCRHCC) Physical Rehabilitation Department in January 2018. Since then, LT Marshall-McGhee has established herself as the facility expert in vertigo. She has assumed the role of Center Coordinator of Clinical Education for the Physical Rehabilitation Department- coordinating PT, OT, SLP and PTA clinical rotations at TCRHCC. LT Marshall-McGhee has been involved with the following Therapist Professional Advisory Committee committees: University Point of Contact and Media Committee.

While home on leave in Maryland in winter of 2018, LT Marshall-McGhee participated in a local PACE presentation at a local elementary school. She has also provided PACE presentations in the Tuba City Unified School District. She was elected Treasurer of the Grand Canyon COA. LT



Marshall-McGhee is also co-lead for the TCRHCC Employee Fitness Challenge October 2019. LT Marshall-McGhee completed her readiness training and was basic ready within ninety days of

call to active duty. LT Marshall-McGhee volunteered for deployment in support of Remote Area Medical Operation Lone Star and deployed for five days to Laredo, Texas, in July 2019.



USPHS SCIENTIFIC & TRAINING SYMPOSIUM

Registration Opens January 15

BOARD from page 4

families. COA keeps its members informed of GI Bill changes, including the recent restrictions on transferring benefits to dependents.

Outreach to Congress on behalf of the Commissioned Corps:

COA drafted the 2016 Senate Resolution commending the Commissioned Corps for Ebola work

Outreach to news media on behalf of the Commissioned Corps and public health: *Sixty Minutes* read a letter about PHS and the Ebola fight

Disney World Discount: COA persuaded Disney to give the Military Discount at Disney World to PHS officers (active duty and retired)

Veteran ID Card: COA persuaded the VA to include PHS

Bronze Tombstone Medallion from the VA: COA persuaded the VA to include PHS

Expanded TRICARE coverage for autistic dependents of PHS officers: COA worked with Congressional staff and TRICARE officials

American Forces Travel: COA worked with Priceline and American Forces Travel to have PHS included in their discount travel program.

Morale, Welfare, and Recreation (MWR) Benefits: COA worked with the Defense Department to include PHS officers (active duty and retired) in all DoD MWR programs

Lowe's Home Improvement Stores: COA persuaded Lowe's to give the military discount to PHS officers

Veterans Day National Committee (managed by the Department of Veterans Affairs): COA is a full member of the VDNC, with no time limit on membership term (joined 2016). Ensures recognition for PHS during ceremonies at Arlington National Cemetery, including PHS flag carried into amphitheater and PHS March played and opportunity to lay a wreath at the Tomb of the Unknown Soldier. (COA arranges for this to take place and provides the wreath).

Congressional Public Health Caucus: Inspired its formation in 2015, drafted the Caucus Mission Statement; COA manages the Caucus website

Public Health Lobbying: COA worked with Sen. Dick Durbin to raise tobacco prices in military exchanges and commissaries to full retail; lobbying on behalf of the Prevention and Public Health Fund and opposing cuts in the Fund.

Whether you renew your membership or not, you get the benefits of what COA does for us. And if you are a member of a COA Local Branch, then you probably already know the value of the connections, community, continuing education, and camaraderie that a branch provides. As mentioned in my article last month, you can now choose auto-renew for your membership, or better yet, you can purchase a life membership. Could you consider make a New Year's resolution to renew your membership, both national and local? Won't you help keep the lights on at the only organization whose specific beneficiaries are the active duty and retired officers of the USPHS?

Thanks for all you do. Happy Holidays, and Happy New Year to all of you!

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OBITUARY

RADM (ret.) Fitzhugh Mullan, M.D.



by James T. Currie

RADM (ret.) Fitzhugh Mullan, M.D., a long-time member of COA, died on November 29, 2019. RADM Mullan

grew up in New York City and majored in history at Harvard University, graduating in 1964. He then attended medical school at the University of Chicago and specialized in pediatric medicine.

RADM Mullan was commissioned into the US Public Health Service in 1972 and was assigned to the National Health Service Corps (NHSC) in New Mexico. From 1977 to 1981 he served as Director of the NHSC, followed by assignments to the Institute of Medicine and the National Institutes of Health.

RADM Mullan always displayed a passion for social justice, traveling to Mississippi while in medical school as part of the Medical Committee for Human Rights. RADM Mullan was appointed Director of the Bureau of Health Professions in the Health Resources and Services Administration (HRSA) in 1990, and was made an Assistant Surgeon General with the rank of Rear Admiral in 1991. He served on the President's Task Force on Health Care Reform and the Council on Graduate medical Education. He retired from the Public Health Service in 1996 and joined the staff of the journal *Health Affairs* as a Contributing Editor and the Founding Editor of the Narrative Matters section.

He joined the faculty of the George Washington University in 1997 on a part-time basis and became a fulltime faculty member at GW in 2005 as Professor of Health Policy and Management and Professor of Pediatrics. His research focused on health workforce and health equity. From 2008–10, he led the Gates Foundation-funded Sub-Saharan African Medical School Study, and from 2010–15, he directed the Coordinating Center for the Medical Education Partnership Initiative, a \$135 million US government investment in medical education in Sub-Saharan Africa. He published a 2010 paper called *The Social Mission of Medical Education: Ranking the Schools*. He co-founded the George Washington Health Workforce Institute in 2015. The Institute was renamed the Fitzhugh Mullan Institute for Health Workforce Equity in April 2019.

RADM Mullan is perhaps best known by many PHS officers as the author of *Plagues and Politics*, a lively and well-illustrated history of the Commissioned Corps that he researched and wrote at the request of then-Surgeon General C. Everett Koop. He spoke about Commissioned Corps history in a well-received address at the 2015 PHS Symposium in Atlanta, GA.

There will be a memorial service for RADM Mullan at the Lisner Auditorium of the George Washington University, 700 21st Street NW, Washington, DC 20052, from 3:00-5:00 on Saturday, 21 December. Seating starts at 2:30. The service will be followed by a reception at the Milken School of Public Health, 950 Vermont Avenue, NW.

PHS Commissioned Officers Foundation

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

We Welcome New Members of COA, November 1 to November 30, 2019

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LT Justin Balderrama	Ms. Hayley Kytta
LCDR Andrew Boyd	LT Andrew Lean
CDR Allyson Brown	LCDR Dara Lee
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LEGISLATIVE from page 19

one year, 2017 to 2018, the Committee said, the FDA and CDC saw an estimated 78 percent increase in e-cigarette use among high school students and a 48 percent increase among middle school students. A major concern is that such a sharp increase among middle school students could actually erase years of progress in reducing youth tobacco use.

The legislative proposal makes clear that “we will not tolerate the proliferation of slick new products purposefully designed to appeal to young people to get them addicted to nicotine and tobacco,” declared a press release from Rep. Pallone’s office. The legislation would treat e-cigarettes and other tobacco products the same as traditional cigarettes under the law.

“We cannot afford to wait,” Rep. Pallone is quoted as saying, “we are on the cusp

of losing an entirely new generation to a lifetime of nicotine addiction.”

Specific provisions

The proposal would take several steps to keep tobacco products out of the hands of children, such as banning flavored tobacco products, increasing the purchase age to 21 (as some states already do), prohibiting tobacco sale online, and placing new restrictions on the marketing of e-cigarettes.” The proposal would prod the FDA to finalize its rule requiring graphic warnings on cigarette packages, and also urge the agency to develop a final rule on products containing synthetic nicotine; that is, nicotine not actually made from tobacco

Supporters

From the get-go, the proposal had strong support from major public health

organizations, including the American Public Health Association, American Heart Association, American Lung Association, American Cancer Society, American Academy of Pediatrics, and the Campaign for Tobacco-Free Kids.” COA is also reaching out to Rep. Pallone to learn how we might help.

What Can You Do?

PHS retirees, especially those who have worked at any time during their PHS careers on tobacco issues, are urged to communicate their support of H.R. 2339 to their own Representatives in the U.S. House. As COA has said repeatedly, thoughtful letters from informed and engaged constituents are likely to mean more to members of Congress than endorsements from outside groups and organizations. If you decide to write, then please share your letter with us.

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