

CCOA Frontline

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Salus Populi Suprema Lex Este

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FROM THE EXECUTIVE DIRECTOR

Surgeons General: Spirit and Intent vs. Letter of the Law

Dear Friends of the
PHS Commissioned Corps,



Jerry Farrell
Executive Director

Recently, a member asked how is it that the President can nominate someone who is not a career Corps officer as Surgeon General when the law specifically states that the Surgeon General will be appointed from individuals who are members of the Regular Corps? "It is the law" this officer wrote. This officer questioned the legality and ethics of circumventing the clear intent and "letter of the law." Good questions.

Title 42 of the U.S. Code, also known as the Public Health Service Act, says this about the appointment of a Surgeon General. "The Surgeon General shall be appointed from the Regular Corps for a four-year term by the President by and with the advice and consent of the Senate. The Surgeon General shall be appointed from individuals who (1) are members of the Regular Corps, and (2) have specialized training or significant experience in public health programs." (42USCA§205)

(See *Executive Director*, page 21)

Corps Officer Named Top Physician Assistant

Commander Robin Hunter Buskey had been named the 2009 Outstanding Physician Assistant of the Year Award by the American Academy of Physician Assistants (AAPA).

The Outstanding PA of the Year Award, which was presented on May 22, 2009 in San Diego at AAPA's 37th Annual Physician Assistant Conference, honors a PA who has demonstrated exemplary service to the PA profession and the community and has furthered the public image of PAs.

CDR Buskey serves as a senior clinical physician assistant at the Butner Federal Correction Complex while on active duty as a Health Service Officer with the U.S. Public Health Service.

As an employee of the Federal Bureau of Prisons (BOP), CDR Buskey has played a vital role in the development of health care for inmate populations. She coordinated the first Diabetes Continuing Medical Education for Butner to educate medical providers and officers on the treatment and prevention of diabetes. She also implemented creative biweekly classes that use such slogans as "Eat less and move more" and "Know your numbers" to give inmates and staff a better understanding of how to monitor and care for their health.

In addition to her diabetes work, CDR Buskey played an integral role to developing a transportation system that now serves as a model for the BOP, which efficiently moves inmates around the complex for medical care while allowing custody staff to maintain a high level of security. She also worked with the BOP on issues such as: how to provide quality



CDR Robin Hunter Buskey, USPHS

treatment to the aging and sick inmates, how to overcome the primary care provider shortages in the BOP system, and how to surmount fiscal challenges while providing invaluable health care services to inmates.

Aside from her professional accomplishments at Butner FCC, CDR Buskey serves as the first PA elected to the Board of Directors for the Federation of State Medical Boards and as a member of the Institute of Medicine. In the past, CDR Buskey served for six years on the North Carolina Medical Board and for nine years on the New York Board for Professional Medical Conduct as one of only two non-physician members nationwide who served on more than one state medical board.

(See *Buskey*, page 14)

BENEFITS OF YOUR COA MEMBERSHIP

CAPITOL HILL REPRESENTATION

COA legislation on Capitol Hill continually supports all Commissioned Corps officers – active, inactive reserve, and retired.

LOCAL REPRESENTATION

COA branches generate new venues for meeting fellow officers within your local area while providing a forum for the discussion of concerns within the Commissioned Corps.

ANNUAL MEETING

With a mixture of business and pleasure, COA's annual meeting invites colleagues from around the country to gather to discuss new scientific presentations while stimulating open forums about health-related issues.

INSURANCE PROGRAMS

COA enables members to participate in several low-cost insurance programs that may continue after leaving the PHS as long as your membership in COA remains current.

FRONTLINE

COA's newsletter reports on monthly activities and items of interest to COA members about the Corps & COA.

SCHOLARSHIP PROGRAM

COA offers thousands of dollars towards college scholarships for children and spouses of COA members.

PUBLIC HEALTH PUBLICATION DISCOUNTS

COA members receive a 10% discount on subscriptions to *Public Health Reports*, the journal of the Public Health Service; and discounts of up to 50% on selected materials available from the Public Health Foundation. Visit the COA website for more information.

AVIS & BUDGET RENTAL DISCOUNT

Members enjoy discount rates on Avis and Budget rentals through COA's website.

RIBBON

The COA ribbon is authorized to be worn on the PHS uniform by members in good standing when attending COA functions.

LEGISLATIVE UPDATE

Capitol Hill Blitz

COA Visits 56 Congressional Offices

Fifty-six new members of Congress (8 U.S. Senators and 48 U.S. Representatives) have received COA Welcome Kits to introduce them to the PHS Commissioned Corps. All 56 kits were delivered personally by COA over a two-week period in May, and the overall response has been encouragingly positive.

The staff of a newly-elected U.S. Senator asked for more information; he wanted to know how many PHS officers are working in his state and what they are doing (COA promptly followed up). The staff of a newly-elected U.S. Representative offered to work with COA on legislative issues and even proposed looking to the National Defense Authorization Act as a possible vehicle (agreed!). And yes, there were a few congressional staffers who greeted COA with blank looks or candidly admitted they had never heard of the PHS Commissioned Corps. So COA was able to take advantage of those teachable moments, on the spot.

The Welcome Kit was the inspiration of the COA Public Relations Committee and developed by the Legislation and Benefits Committee. The man who actually made it happen is Tom Weaver, a retired Navy dentist and former association CEO who is spending several hours a week consulting for COA on special projects.

In addition to a welcome letter from COA Executive Director Jerry Farrell, the kit contains a short history of the PHS Commissioned Corps, brief descriptions of ten of the greatest public health achievements of all time, information about PHS structure and personnel, a summary of several major issues facing the PHS Commissioned Corps, and information about COA and its mission.

Aside from alerting Congressional offices to the existence and value of the PHS Commissioned Corps, the Capitol Hill blitz has yielded at least a few promising new opportunities for legislative

advocacy. Weaver is tabulating all the responses – who we talked with, and what they said. Concluded Farrell: “It’s one of the best things we’ve ever done!”

COA Legislative Committee Sign-up

It is that time of year – COA Board elections and COA Committee sign-ups. Once again, the COA Legislation and Benefits Committee welcomes new volunteers. This committee is one of the largest and most active COA committees.

The Legislation and Benefits Committee provides direction to COA staff. It develops the COA legislative agenda for Board approval. In determining legislative priorities and strategies, the Committee strikes a balance between issues that advance the PHS Commissioned Corps as a whole and those that benefit PHS officers as individuals.

The Committee has been chaired this past year by CAPT Steve Rosenthal. Under his leadership, COA launched the successful letter-writing campaign that led ultimately to the Veterans Administration ruling to include PHS officers in the new GI Bill. COA also convinced Congress to raise the cap on the Regular Corps from 2,800 to 4,000. The cap had not been raised since 1992, despite requests from the Department of Health and Human Services. In the end, it was COA that got it done. The Committee also supported the efforts of PHS retirees in Ohio to get a tax relief bill introduced in Ohio's legislature; that bill has been drafted and is expected to be “dropped,” as they say, any day.

What is the Legislation and Benefits Committee looking for in volunteers? A genuine interest and a willingness to work.

(See Legislative Update, page 10)



Introducing the 2008 Physical Activity Guidelines for Americans

Submitted by LCDR Matt Armentano and LCDR Joe Golding of the Therapist PAC Healthy Lifestyle Subcommittee

As Commissioned Officers of the A USPHS, we are all aware of how important physical activity is for our health. On October 7, 2008, the U.S. Department of Health and Human Services (HHS) issued the Physical Activity Guidelines for Americans (PAG). Developed primarily to provide evidence based information to policy-makers and health professionals, the PAG provide information about the types and amounts of physical activity required to improve individual health. The PAG are based largely on the report of a special 13 member advisory committee appointed in 2007 by then HHS Secretary Mike Levitt. This committee performed a thorough review of scientific research on the health effects of physical activity and summarized these findings in the *Physical Activity Guidelines Advisory Committee Report, 2008* (found at www.health.gov/PAGuidelines).

The PAG divides physical activity into two categories:

- **Baseline Activity** is the light-intensity activities of daily living. These activities include standing, walking slowly, and lifting light-weight objects.
- **Health-Enhancing Physical Activity** is any activity above and beyond one's baseline which provides health benefits. These activities may include brisk walking, jump roping, dancing, and lifting heavy weights.

The term "physical activity" in the PAG refers to bodily movement that enhances health.

Physical Activity Has Many Health Benefits:

- Regular physical activity reduces the risk of many adverse health outcomes.
- Some physical activity is better than none.
- For most health outcomes, additional benefits occur as the amount of physical activity increases through higher intensity, greater frequency, and/or longer duration.
- 150+ minutes of moderate-intensity or 75+ minutes of vigorous intensity

physical activity (or an equivalent combination) each week can reduce the risk of many chronic diseases.

- Both aerobic and muscle-strengthening activities are beneficial.
- Health benefits occur for children and adolescents, young and middle-aged adults, older adults, and those in every studied racial and ethnic group.
- Health benefits of physical activity occur for people with disabilities.
- The benefits of physical activity far outweigh the possibility of adverse outcomes.

Children and adolescents aged 6 to 17 have different physical activity needs when compared to adults.

- Children and adolescents should do 60 minutes (1 hour) or more of physical activity daily.
 - **Aerobic:** Most of the 60 or more minutes a day should be either moderate- or vigorous-intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week.
 - **Muscle-strengthening:** As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of the week.
 - **Bone-strengthening:** As part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.

- It is important to encourage young people to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.

Physical activity guidance for adults aged 18 to 64 years are as follows:

- All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.
- For substantial health benefits, adults

should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week.

- For additional and more extensive health benefits, adults should increase their aerobic physical activity to 300 minutes (5 hours) a week of moderate-intensity, or 150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity. Additional health benefits are gained by engaging in physical activity beyond this amount.
- Adults should also do muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week, as these activities provide additional health benefits.

Adults aged 65 years and older, also, gain substantial health benefits from regular physical activity. Older adults should follow the same guidelines as mentioned for adults aged 18 to 64 with the following exceptions:

- When older adults cannot do 150 minutes of moderate-intensity aerobic activity a week because of chronic conditions, they should be as physically active as their abilities and conditions allow.
- Older adults should do exercises that maintain or improve balance if they are at risk of falling.
- Older adults should determine their level of effort for physical activity relative to their level of fitness.
- Older adults with chronic conditions should understand whether and how their conditions affect their ability to do regular physical activity safely.

(See Guidelines, page 4)

STOP Obesity Alliance

By Thomas Weaver

As you probably saw in the last issue of Frontline and on the COA website, The Commissioned Officers Association has joined the Strategies to Overcome and Prevent (STOP) Obesity Alliance - a collaboration of organizations united to drive strategies to combat obesity.

Most of you reading this are involved in some aspect of health care. You and I have seen the statistics showing how overweight and obesity negatively affect health – everything from heart disease and diabetes to certain types of cancer and even osteoarthritis. And yet, most of us have at least a few pounds we would like to shed – and we don't. Why?

Unfortunately, our current lifestyles make it hard. When I grew up, Dad worked an eight-hour day and commuted about 20 minutes each way. There weren't a lot of labor-saving devices, so cutting the lawn and other similar tasks were work. Even sharpening pencils was manual labor. As kids, we either walked or rode bikes to our destinations. There were few television shows worth watching and no computer games. We played outside. There weren't a lot of processed foods, so Mom bought fresh and fixed from scratch. There were fewer calories consumed, and more calories expended.

Then came color TV and cable. And computers. Work began to change from manufacturing to information. And even in the labor sectors, labor-saving devices took at least some of the hard labor out of the jobs. The suburbs grew, and so did commute times. Marketers convinced people to buy more, and to afford what

families wanted, two incomes became the norm. Everyone (especially the now-working mom) was too tired to spend hours in the kitchen, and processed foods, easy to fix, became popular. Unfortunately, they also contained empty calories. As the rest of the world "caught up" to the U. S., and computers allowed for faster response times, more and more was demanded of the workforce. Workers put in longer hours doing less physical labor and commuted longer to arrive home exhausted – to plop in front of the television, or computer, trying to relax after a big meal that was more caloric than its predecessors.

So, what can we do? First realize that our lifestyles have a lot to do with the extra weight we carry. That extra weight not only hurts our health. The cost of the extra medical care resulting from that weight has the potential to bankrupt the system. We need to slim down to improve our health and save our health care system. According to experts, even 5 to 10 percent can make a huge difference. So don't shoot for being Olympic-marathon-runner thin. Be realistic. What small changes can you make starting today that will help you lose 5 percent? A walk at lunch? Fruit for a snack instead of a candy bar? How about water instead of a sugared soft drink? It's still not going to be easy to escape the day-to-day pressures and do the things that are good for us, but do what you can. Live longer. Live healthier. Live Happier. Make a few small changes that have the power to greatly improve your health.

(Guidelines, from page 3)

Key Guidelines for Women during Pregnancy and the Postpartum Period:

- Healthy pregnant women who are not already highly active or doing vigorous-intensity activity should get at least 150 minutes of moderate-intensity aerobic activity per week

during pregnancy and the postpartum period.

- Pregnant women who habitually engage in vigorous-intensity aerobic activity or are highly active can continue physical activity during pregnancy and the postpartum period, provided that they remain healthy and discuss with their health-care

provider how and when activity should be adjusted over time.

Key Guidelines for Adults with Disabilities:

- Adults with disabilities, who are able to, should get at least 150 minutes per week of moderate-intensity, or 75 minutes per week of vigorous-intensity aerobic activity.
- Adults with disabilities, who are able to, should also do muscle-strengthening activities of moderate or high intensity that involve all major muscle groups on 2 or more days per week, as these activities provide additional health benefits.
- When adults with disabilities are not able to meet the above Guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity.
- Adults with disabilities should consult their health-care providers about the amounts and types of physical activity are appropriate for their abilities.

The PAG also offers tips on safe phys activity for people:

- Understand the risks and yet be confident that physical activity is safe for almost everyone.
- Choose to do types of physical activity that are appropriate for their current fitness level and health goals, because some activities are safer than others.
- Increase physical activity gradually over time whenever more activity is necessary to meet guidelines or health goals. Inactive people should "start low and go slow" by gradually increasing how often and how long activities are done.
- Protect themselves by using appropriate gear and sports equipment, looking for safe environments, following rules and policies, and making sensible choices about when, where, and how to be active.
- Be under the care of a health-care provider if they have chronic conditions or symptoms. People with chronic conditions and symptoms should consult their health-care provider about the types and amounts of activity appropriate for them.

Remember – Get Out and GET ACTIVE!!!

CAPT George Moore, (Ret.) Receives Outstanding Service Award

CAPT George Moore, (Ret.), and a COA Life Member, was presented with the United States Surgeon General's Outstanding Service Award on March 23, 2009.

There were 35 attendees, including guests and family members, who witnessed the Acting Deputy Surgeon General, RADM Robert C. Williams, bestow the honor on CAPT Moore for a career of outstanding achievements with the U.S. Public Health Service Corps.

"It is a pleasure to recognize someone who has earned in our minds a very prominent place in protecting public health," RADM Williams said. "This award honors a lifetime of outstanding service, leadership, compassion and accomplishments in the U.S. Public Health Service and local and global health initiatives."

CAPT Moore thanked the Admiral for traveling to White Stone, VA, and said, "I had the ability and good fortune to promote and practice the concepts of preventive medicine and public health in this Nation and Nepal over many years."

While RADM Williams noted how special it was to meet someone who had dedicated his whole life selflessly to worthy causes, CAPT Moore said until receiving the award, he had questioned the worthiness of his life's work.

"I've often wondered about my career—if it was worthwhile or not," he said in a private interview with Audrey Thomasson of the Rappahannock Record. "But having the Acting Deputy Surgeon General come down and give me this award—I can't get over it. I never expected it."

CAPT Moore chose to enter the U.S. Public Health Service as a medical officer in the second year of his residency, adding a Master's degree in preventive medicine and public health to his résumé to support his choice. "I realized I didn't want to sit in an office all day seeing patients," CAPT Moore said about his decision to enter the Public Health Service. "This was an opportunity to serve our country in the world and I was happy to do it."

CAPT Moore's first assignment was at Ft. Bragg in 1951 where venereal disease was out of control. He changed the base



From left, Dr. George Moore receives the Outstanding Service Award from Acting Deputy Surgeon General of the U.S., Rear Admiral Robert C. Williams. Honorees are chosen by the Surgeon General and only two or three are awarded each year.

practice of punishing soldiers who tested positive for V.D. and applied preventive measures like education and shutting down local brothels spreading the disease.

Later that year, the Corps sent him to Nepal. It was the days of Sir Edmund Hillary, Antarctic Explorer and the first climber with a native Nepalese to reach and return from the summit of Mt. Everest on the border between Nepal and Tibet in 1953. The fact that Sir Hillary was an occasional guest at the Kathmandu home of CAPT Moore and his wife, Connie, appears quite ordinary to the humble doctor.

When the Moore's arrived in Nepal, history had just turned for the Nepalese people. The king was restored to power and the country unlocked its doors to foreigners after over 100 years of isolationism and tyranny under the Rana Maharajahs. CAPT Moore's first meeting with King Tribhuvan was an invitation to a dance. However, the king proved to be more interested in finding a dance partner for himself other than his two wives. According to the doctor, the king cranked

up the royal jukebox and proceeded to dance with Connie for the next 90 minutes before allowing her to take a break.

But the doctor was quick to point out it wasn't all fun and dances. The assignment in Nepal gave him the opportunity to organize and bring preventive medicine to a nation with only a mile and a half of paved roads, no working hospitals and a death rate from smallpox of 50 percent in children under the age of 10.

A letter from Michigan missionaries offering medical help and a willingness to build a hospital put a kick-start in CAPT Moore's goal to provide a health program that the nation could eventually take over and run. The missionaries recruited and trained Nepalese as nurses, which allowed him to travel to the countryside and address smallpox and malaria.

The doctor proved there was no obstacle so big that he could not find a way around it. While medical training did not teach him how to deal with a sharply different culture, he found ways to adapt and be accepted.

(See Moore, page 6)

Can One Officer Make A Difference?

By LCDR Dustin Rider and LCDR Duane Wagner

How can one officer make a difference and improve conditions, systems, modes of operation, treatments, etc.? The thought may occur that the problems that exist are too complex; being only one person what difference could that possibly make. Given the scope of the challenges that we face where would one even begin? The simple answer to the title question is a resounding “yes.” Not only can one officer make a difference but we are charged to do so.

Where is one to begin, how do we face challenges that seem to be so insurmountable. Remembering who we are and where we come from is a good place to start. We must never forget our proud and distinguished history. The United States Public Health Service (USPHS) has provided a critical service to this nation for over 200 years. Officers that have served before us have performed during some of the most difficult times in our nation’s history. Their legacy has been one of perseverance and tenacity. We have inherited this duty. The USPHS may not be the most visible uniformed service; however, our heritage speaks volumes about who we are.

We have a common sense of purpose which unites all of us; even officers who are detailed to an isolated duty station, seemingly alone. We draw our collective strength from our common mission,

belonging and purpose. The fact is that as commissioned officers we have made a commitment to each other and our nation. This transformation occurred the moment we took our oath of office. We take our oath seriously; this symbolic act unites all of us. Taking the oath of office may be the culmination of a long term goal but it is really only the beginning. It is a beginning of a career of service and belonging. Not only do we belong to the PHS we also belong to associations thus multiplying our effectiveness.

My suspicion is that individually we already make a difference just because of who we are. We make a difference by accepting difficult assignments and going the extra mile. We will not only take the additional work load but we often ask for it. We offer our assistance to co-workers and fellow officers even if it requires working over time to accomplish our agencies’ mission. And when the call for deployment comes we will even put ourselves in harms way to protect one another, our nation or fellow citizens.

Like the officers that have served before us, we are a part of a legacy... the United States Public Health Service. The question then is not if one officer can make a difference, that is a given. The real question is **how much** of a difference can one officer make?

over. They were offered the religious temples to set up temporary clinics.

CAPT Moore demonstrated ways to eliminate malaria-carrying mosquitoes by spraying the walls and ceiling on the inside of dwellings with DDT. Villagers found added benefits when they discovered it also eliminated bed bugs and cockroaches. In his first year in Nepal, new cases of malaria decreased by 70 percent.

Tackling an immunization program for smallpox proved even more challenging. In order to convince the Nepalese to allow immunization, he turned to local customs and posted pictures of the local goddess Sitala holding syringes and other medical items between her fingers.

The second challenge was getting the refrigerated vaccine from the U.S. to Nepal by air pouch in the days before refrigerated transport. CAPT Moore ordered vaccines from Washington and then tested it by inoculating members of his staff. To his delight, some of the ampules were still good. He kept the virus alive and spread the vaccine by inoculating the next person from the postuales produced on the inoculation point of another—spreading the vaccine from one sterilized arm to another. In a matter of a few hours, several hundred villagers were immunized.

CAPT Moore chose a career of preventive medicine, spending his life caring about people no matter where they lived and adapting to other customs before imposing new techniques on them.

Reflecting on the choice he made some 60 years ago, it’s clear he has no regrets, “I found enjoyment out of all aspects of my career.”

(Moore, from page 5)

When a radio message from Washington informed him the political situation was dangerous and they were suspending the arrival of personnel and supplies, he traveled to Calcutta and secured basic, although primitive, lab equipment including a kerosene-operated incubator and refrigerator.

Traveling by foot or by elephant to remote Sherpa villages in the Himilayas his team encountered armed tribesmen who had never seen a Western face and whose only experience with outsiders was the

Maharaja’s tyranny. Persevering through language barriers, the team soon won them

Excerpt and Photo from Rappahannock Record, by Audrey Thomasson

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BCOAG Goes Back to New Orleans

By CDR Postelle Birch-Smith, LCDR Monique Howard, LCDR Jennifer Jones, and LCDR Nikkia Powell

From February 16-19, 2009, members of the USPHS Black Commissioned Officers Advisory Group (BCOAG) participated in the second volunteer recovery mission to the New Orleans, LA area. A total of twenty-five officers including, twenty-three BCOAG officers and two non-BCOAG officers chose to forego an entire week of leave to serve residents of Orleans Parish as they continue to rebuild after devastating effects of Hurricanes Katrina and Rita. In November of 2007, fourteen officers participated in the first mission; three of those officers returned to participate in the second mission. During the return mission, these officers were pleasantly surprised to see an average of four homes per block rebuilt or in the rebuilding phase as opposed to approximately one per block in 2007.

The volunteer mission was coordinated through BCOAG's Community Outreach Committee led by CDR Postelle Birch-Smith. During BCOAG's first mission officers spent much of the weeklong mission gardening, cleaning animal cages, preparing and serving meals, organizing clothing and food, and repairing homes. However, the vision of this year's mission was markedly expanded. Officers participated in various activities in direct alignment with the mission of the USPHS. Officers participated in field activities, elementary health outreach activities, a community health outreach activity, and several recruitment activities.

This year, officers of BCOAG partnered with the Lower Nine Organization in a field activity. The Lower Nine Organization is dedicated to teaching home rebuilding to volunteers and community residents in the Lower 9th Ward of New Orleans. Sixteen officers were assigned to support in the rebuilding of two homes by caulking, scraping old paint from wood siding, replacing worn wood siding and clearing brush. During the activity, some of the officers were able to meet the homeowners, and directly see the impact of their hard work. The officers found it very rewarding to put faces to the homes they helped to restore.

An additional field activity was scheduled



(Front row, L to R) CDR Postelle Birch-Smith, LCDR Monique Howard, LT Nikkia Powell, LCDR John Stansberry, (Second row, L to R) LCDR Jennifer Jones, LT Natalie Gibson, CDR Rebecca McCain-Singleton, LCDR Latrise Workman, CDR Tameka Lewis-Baker, (Third row, L to R) LT Lorraine Williams, LT Alia Legaux, CDR Julia Woodard, LT Lisa Patterson, (Fourth row, L to R) LCDR Philantha Bowen, LCDR Deloris Caldwell, CDR James Saunders, LCDR Kofi Ansah, LT Robert Windom

separately for the nursing officers. They volunteered their time to The Porch, a cultural organization in the 7th Ward of New Orleans. Officers cleaned the inside of the facility, the yard, and an outside staging area in preparation for an upcoming cultural event. All walked away with an understanding of how important the facility is to the youth and of how the positive atmosphere and activities greatly decrease opportunities for destructive behavior.

Officers visited Craig, Dibert and Wicker public elementary schools to make presentations to approximately 600 elementary-aged school children. Students were provided a brief overview of the USPHS and

our responsibilities as Commissioned Corps officers. Students were also educated on healthy lifestyles, including healthy eating, exercise, and prevention of childhood obesity. Students at one school were challenged to design posters about their concept of healthy lifestyles. The posters were judged by a group of officers and prizes were given to the top three posters. Students were very excited to receive the prizes and demonstrated great creativity in the design of their posters. Each school received a basket filled with child-friendly giveaways and educational materials that were collected from a number of agencies in the Department of

(See BCOAG, page 8)

(BCOAG, from page 7)

Health and Human Services, as well as, from the National Oceanic and Atmospheric Administration.

A community health outreach activity was co-sponsored with the New Israel Baptist Church. In collaboration with several local health organizations, blood pressure screening, blood glucose screening, vision screening, dental screening, and diabetic foot screening were offered to the residents of the Lower 9th Ward. In addition to those services, officers prepared workshops on men's health, women's health, healthy lifestyles and stress management. The event was advertised on local radio and was well received by the community. The participants, many of whom reported having challenges in accessing health care post-Katrina, expressed their sincere gratitude for our presence in their community. The New Orleans City Council issued proclamations to each BCOAG officer in recognition of efforts on behalf of the citizens of the Lower 9th Ward.

Officers visited six universities at which they presented the USPHS to students, as

well as opportunities currently available to serve in the USPHS. Visiting universities included Dillard, Loyola, Xavier, Southern University of Baton Rouge, Southern University of New Orleans and the University of New Orleans. Many of the universities offered classroom time for officers' presentations, while other universities set up optional seminars. Officers conducted recruitment activities to over 500 students and the feedback was overwhelmingly positive. For many students this was their first introduction to the USPHS and many were in awe of the abundant opportunities that the USPHS has to offer.

In addition to the planned recruitment activities, a few officers were sought out by a Junior Navy ROTC program at Reed Senior High School. Officers saw this as an excellent opportunity to introduce a class of 25 Junior Navy ROTC cadets to the USPHS.

Overall, BCOAG considered this mission highly successful. The mission was especially gratifying for many of those officers who had been deployed to the Gulf Coast region during and after Hurricanes Katrina and Rita. There is still a tremendous need for

missions of this type as the city of New Orleans has yet to fully recover from the affects of the hurricanes. Though many homes have been and are being rebuilt, much of the Lower 9th Ward is still greatly crippled with a current population of less than 3,600 residents down from 19,000 residents pre-Katrina. The BCOAG Community Outreach Committee is planning a third mission to New Orleans in 2010.

The self-sponsored volunteers represented various geographic locations and PHS duty stations throughout the country. Volunteers included: LCDR Kathleen Anderson, LCDR Kofi Ansah, CDR Postelle Birch-Smith, LCDR Philantha Bowen, LCDR Tracy Branch, LCDR Deloris Caldwell, CDR John Figarola, LT Natalie Gibson, LCDR Monique Howard, LCDR Jennifer Jones, CDR Jacqueline Lea, LT Alia Legaux, CDR Tameka Lewis-Baker, CDR Rebecca McCain-Singleton, LT Lisa Patterson, LT Nikkia Powell, CDR James Saunders, LCDR John Stansberry, CDR Sean-David Waterman, CDR Joan Welch, LT Lorraine Williams, LT Robert Windom, CDR Julia Woodard, LCDR Latrise Workman.

NEW ENGLAND COA BRANCH

*Please make Checks payable to "NE-COA"

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Commander Lucienne Nelson Awarded the Defense Meritorious Service Medal for HHS Interagency Coordination in NORAD-USNORTHCOM

CDR Lucienne Nelson, USPHS, was awarded the Defense Meritorious Service Medal (DMSM) on May 8, 2009 for exceptional performance as the HHS representative to Headquarters, North American Aerospace Defense Command and United States Northern Command (NORAD-NORTHCOM) from January 2008 to May 2009. Earning the DMSMA, the third highest non-combat defense award, signifies the importance of interagency coordination enhancing mission success.

A PHS nurse officer for 19 years, CDR Nelson was assigned to NORAD-USNORTHCOM to serve as the first HHS representative in the Interagency Coordination (IC) Directorate. The criticality of having an HHS resident within the Command was realized by the IC Director, Mr. Bear McConnell, following Hurricane Katrina when N-NC's support to civil authorities engaged the command in support to Emergency Support Function (ESF) under the National Response Plan. Up to this point, N-NC had little understanding of the HHS or ASPR roles and responsibilities in domestic disasters. Mr. McConnell sought and obtained HHS representation in the IC directorate post-Katrina from the Environmental Protection Agency (EPA) and determined this position was of such importance they would provide funding to maintain the HHS presence in the command full time. CDR Nelson filled this reimbursable two-year assignment as the first HHS resident, one of many more PHS officers to come.

Many federal departments have embraced interagency coordination efforts over the last several years, as demonstrated by the initiation of daily interagency partner calls during the federal partners' response to the current H1N1 influenza outbreak. Throughout the 2008 hurricane season, FEMA and Department of Homeland Security held



CDR Lucienne Nelson (left) is presented the Defense Meritorious Service Medal by Mr. Bear McConnell (right), director of Interagency Coordination Directorate, NORAD-USNORTHCOM.

regular interagency partner phone and video teleconferences to update and discuss each department's actions, planning and responses in their respective ESF areas of responsibilities. The National Response Framework is predicated on interagency coordination in its coordinating and supporting department/agency roles within each ESF.

The HHS representative position within NORAD-NORTHCOM is the primary public health advisor to the Interagency Coordination Director, and the HHS representative to the Commander's Joint Interagency Coordination Group (JIACG). JIACGs have been a required element of every Department of Defense Combatant Command since 2003. They provide a full-time, multi-functional advisory staff element specifically organized to

enhance command situational awareness of civilian organizations, their relationships and potential contributions to joint operations. The JIACG members provide regular, timely, and collaborative day-to-day information sharing and coordinating actions across US government interagency community, state and local governments, tribal authorities, foreign governments, intergovernmental organizations, non-governmental organizations, and private sector entities. In disasters and exercises, the N-NC JIACG provides regular interagency partners' assessment of their respective departments that might impact N-NC disaster support planning, and response actions from the IC battle cab.

(See Nelson, page 10)

(Nelson, from page 9)

Interagency Coordination as a PHS Commissioned Corps Assignment

Inter-departmental linkage, support and collaboration from the home agency are paramount to have true interagency coordination and effectiveness in this position. Additionally, positioning appropriately skilled personnel at the proper rank, providing the reach back and accessibility to HHS operations are essential to the success of this position.

The future of additional DOD interagency coordination positions for PHS officers is certain to expand as more of the Combatant Commands consider the value of HHS in their IC directorates. HHS has affirmed that the essential qualifications for this PHS position include a prior ASPR duty assignment, knowledge of all HHS operating and staff divisions, and their roles and responsibilities in disaster preparedness and response, a full understanding of ESF 8 and the National Response Framework, deployment in ESF 8 missions, ability in cross-department networking and collaboration, and minimum top secret clearance. Information sharing requirements of the position include providing regular 'HHS 101' briefings to the command directorate staffs and leadership with focus on topics within the

WELCOME NEW COA MEMBERS

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LTJG Richard J. Bashay, III, North Carolina
LTJG Damon A. Cates, New England
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LCDR Trenton A. Janda, District of Columbia
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LCDR Valerie L. Scott, Bemidji
LT Joann Shen, Unaffiliated
LTJG Steven R. Tidwell, Evergreen
LT Carla C. Tulte, District of Columbia
LT Tina R. Walther, Ft. Detrick
LT Maudella R. Whitebead, Northwest Oklahoma

N-NC mission areas in support of ESF 8, such as the National Disaster Medical System (NDMS), patient evacuation, mass fatality management, and international emergency preparedness. Travel to numerous federal, state and command trainings, exercises and networking opportunities with other federal and state partners are important and enhance networking and relationship building for the command. Opportunities for interdepartmental assignments exist, are value-

added to both departments and offer unique career enhancement.

CDR Nelson's award citation reads as follows:

CDR Lucienne D. Nelson distinguished herself by exceptional meritorious service as Department of Health and Human Services' representative to Headquarters, North American Aerospace Defense Command and Unites States Northern Command, Peterson Air Force Base, Colorado from January 2008 to May 2009. During this period, the outstanding leadership, professional skill and ceaseless efforts of CDR Nelson resulted in major contribution to the success of the Command's missions. CDR Nelson demonstrated outstanding professional judgment in major planning efforts, current operations, and national-level exercises. Her astute grasp of the complexities of working at strategic and operational levels enabled her to make extraordinarily positive impacts in many areas that include Pandemic Influenza, Patient movement (aerial evacuation) and private sector collaborations. Because of her, the Department of Defense is better postured to provide enhanced support to civil authorities during times of crisis. Through her distinctive accomplishments, CDR Nelson reflected great credit upon herself, the Department of Health and Human Services and the Department of Defense.

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(Legislative Update, from page 2)

The Committee wants volunteers with a general interest in public policy and a particular interest in legislative advocacy on behalf of PHS officers. There's no need to have specific lobbying or public policy credentials.

What we want especially is what we were fortunate to have this past year – COA members who happen to be good writers and who are willing to write persuasive letters to their own representatives in the U.S. Congress. Remember those "sample" letters about the new GI Bill? All were genuine letters written and sent by Legislation and Benefits Committee members to their U.S. Senators and

Representatives, and all of them illustrated the points made in the COA letter-writing packet (another Committee project).

All the work of the Legislation and Benefits Committee is done on members' own time, at home, on their own computers, using their personal e-mail accounts. Committee members meet via conference call at mutually agreeable times. Meetings are held on an as-needed basis, or roughly every six weeks. The Legislation and Benefits Committee has three subcommittees: Legislative Review, Grass-roots Activities, and State Issues.

Interested in signing up? Let COA Executive Director Jerry Farrell know: gfarrrell@coausphs.org.

—Judy Rensberger

The University of Texas School of Public Health and Dean Roberta Ness Host Reception for USPHS Commissioned Corps Officers

Upon installation as the fourth dean of The University of Texas School of Public Health (UTSPH), one of Dr. Roberta Ness' top priorities was to ensure that the School had active linkages with key public health organizations in the region. Since the US Public Health Service was one of the organizations high on her priority list, Dr. Ness enlisted the assistance of two of the School's faculty who are also members of the USPHS Inactive Reserve Corps to organize a reception for area Commission Corps Officers. Faculty/Corps Officers LCDR Kristy Murray and LCDR Robert Emery assumed the responsibility for coordinating the function and immediately sought advice and input from several notable UTSPH faculty who were former USPHS Officers, including Drs. Palmer Beasley (LCDR, 1963-65), Herbert DuPont (LCDR, 1967-69), Joseph McCormick (CAPT), and James Steele (RADM). Armed with the insights and suggestions provided by these former officers, and the tireless energy of the students from the UTSPH Student Epidemic Intelligence Society (SEIS), activities were coordinated and the event was held on the evening of April 14, 2009.



Houston/Galveston USPHS Officers along with University of Texas School of Public Health Dean Roberta Ness (center standing), RADM James Steele, (Ret.), (sitting center front), and members of the UTSPH Student Epidemic Intelligence Society.

CDR Denis Slate, Chief of Psychology, Division of Immigration Health Services, served as an invaluable conduit for communications between the School and area officers, a function that was critical to the success of the endeavor.


The event was attended by approximately 25 USPHS officers, and over 80 faculty, staff, students, alumni and invited guests. The distinguished invited guests

included leaders from the City of Houston and Harris County Health Departments, representatives from area emergency response and surge capacity organizations, and delegates from other schools and universities in the Texas Medical Center who maintain an interest in public health. Also present was CAPT Dan Sprau from East Carolina University, whose undergraduate USPHS career exposure program served as the template for the graduate-level efforts currently underway at the UTSPH.

RADM Steele provided the reception's opening remarks, discussing his involvement in the creation of the veterinary professional category, and noting the wonderful mutually-beneficial potential the reception represented. Dean Ness outlined her vision for relationships ranging from student internships and career opportunities, to the identification of collaborative research projects, and the provision of continuing education opportunities for PHS Officers. As part of his prepared remarks, CDR Slate read a special note of greeting from RADM Robert Williams, Acting Deputy Surgeon General, commending the School for its efforts to collaborate with the USPHS and to expose students to potential careers in the Commissioned Corps. Several representatives from local public affairs units were in

(See Texas, page 12)

USPHS Note Cards



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Federal Occupational Health Hosts National Walk @ Lunch Day Event

Submitted By LCDR Sandra Magera

On April 29, 2009, more than 1,800 Health and Human Services (HHS) employees put on their walking shoes and headed out toward the National Mall. Held at HHS headquarters, the third National Walk @ Lunch Day co-sponsored by Federal Occupational Health (FOH) and Blue-Cross/BlueShield Association demonstrated how easy it is to fit physical activity into your work day.

Acting Assistant Secretary for Health and Surgeon General, RADM Steven Galson, the event's keynote speaker, launched the one-mile walk with opening remarks in the Great Hall of the Hubert H. Humphrey Building. Other speakers included U. S. Congressional members and Fitness Caucus co-chairs Representatives Loretta Sanchez (D-CA) and Zach Wamp (R-TN); Dominique Dawes, U.S. Olympic Gold Medalist; and executives from BlueCross BlueShield Association and CareFirst BlueCross BlueShield.

National Walk@Lunch Day was sponsored nationwide in all 50 states and Puerto Rico in order to promote the benefits of walking. Surgeon General Galson encouraged participants to include at least two and half hours a week of moderate physical activity, the amount recommended in the HHS publication *2008 Physical Activity Guidelines for Americans* for adults to gain long-term benefits and lower their risk of



Acting Surgeon General, RADM Galson leads walk with Dominique Dawes and Representative Sanchez.

developing many chronic diseases.

"We want to support healthy lifestyles for our Federal employees, and there's no better, more cost-effective way to achieve fitness than walking several times a week," noted FOH Director Dr. Gene Migliaccio. Key staff, CAPT Mark Delowery, LCDR Sandra Magera and LTJG Tracy Tilghman, provided planning and logistics for this event that supports the FOH mission—to improve the health, safety and productivity of the Federal workforce. FOH accomplishes its mission by providing health prevention presentations and events by staff from its over 300 health clinics, 40 fitness

centers and 70 Employee Assistance Program counseling offices throughout the nation.

Regular, brisk walking is one of the simplest and safest forms of physical exercise. By incorporating a 30-minute walk into your work day, you can take steps to reduce your chance of developing heart disease and diabetes as well as maintain a healthy weight. Next year's event is scheduled for April 28, 2010. Until then, don't forget to plan "walking lunches" for yourself throughout the year.

COA Directors Selected for Promotion

The Commissioned Officers Association is pleased to recognize two members of the COA Board of Directors recently selected for promotion. Commander Dawn Clary, COA's Chair-Elect, will be promoted to Captain effective 1 July 2009, coincidentally the day she assumes office as COA's Board Chair! Captain (Select) Clary is an Exceptional Performance (Early) Promotion. LCDR Jonathan Rash will be promoted to Commander effective 1 April 2010. Both Captain (Select) Clary and Commander (Select) Rash are assigned to the Indian Health Service. Clary is an Ophthalmologist at the Phoenix Indian Medical Center and Rash is a District Engineer in San Diego, CA. Congratulations to these fine officers and to all other officers selected for promotion!!

(Texas, from page 11)

attendance, and their subsequent reports provided excellent exposure for both the School and the USPHS.

The feedback provided from a variety of attendees was very positive as well. Students enjoyed talking with active duty officers to learn first hand about what life as a Commissioned Corps Officer was like. Many of the faculty was intrigued to learn about the day-to-day public health issues being encountered by Officers. Many of the PHS Officers in attendance expressed interest in continuing education opportunities, and saw the reception as an excellent springboard for the creation of a vibrant COA chapter that could be closely linked to the School.

Other members of the PHS who may be in the Houston area that would be interesting in participating in a COA chapter to serve the region are encouraged to contact LCDR Emery at Robert.J.Emery@uth.tmc.edu.

CAPT Robert A. Fortune, USPHS, (Ret.)



Captain Robert A. Fortune, USPHS, (Ret.), 75, of Wasilla, AK, and an active COA member, passed away on May 12, 2009 of pneumonia at his home.

CAPT Fortune was born March 10, 1932, in Cambridge, NY, and grew up in Ogunquit, ME. Through a generous scholarship, he graduated from Phillips Exeter Academy in New Hampshire, and then attended Cornell University where in 1956, he received an A.B. in German literature classics. He received his medical degree from McGill University in 1960 and his Masters of Public Health from Harvard University in 1968.

After an internship at Montreal General Hospital, CAPT Fortune served with the United States Public Health Service from 1961 until his retirement in 1987. He first



started as a medical officer and medical officer in charge at the Turtle Mountain Chippewa Reservation at Belcourt, ND (1961-63). Then he went to Alaska in 1963 and served as Service Unit Director for USPHS Alaska Native hospitals in Dillingham (1963-64); Bethel (1964-67); on the Navajo Reservation at Fort

Defiance, AZ (1970-71); and finally, as a director of the Alaska Native Medical Center in Anchorage (1971-77). From 1977-80, he was detailed to the U.S. State Department as international health attaché, the liaison officer between the U.S. government and the World Health Organization in Geneva, Switzerland. From 1980-87, until his retirement, he was the Deputy Chief of Family Medicine, and worked as a family physician and emergency room physician at the Alaska Native Medical Center, then spent another 12 years as a volunteer operating a weekly skin clinic at the hospital. Fortune was active in several national and Alaskan medical professional associations, as well as the American Society for Circumpolar Health and the International Symposium for Circumpolar Health.

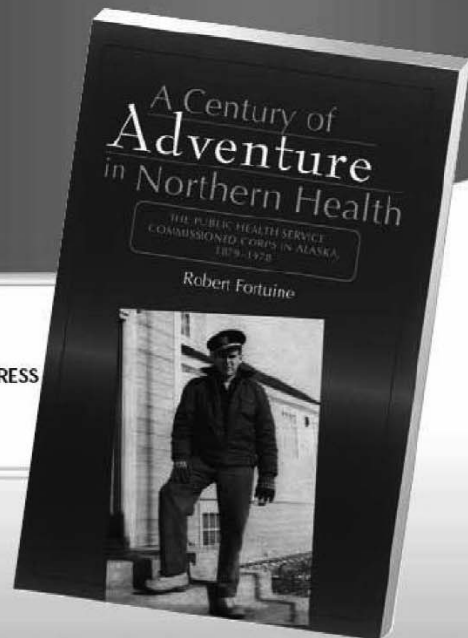
CAPT Fortune published numerous articles on medicine and Alaska and Alaska
(See Fortune, page 14)

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Captain, USPHS (Retired)



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(Fortune, from page 13)

Native medical history. His books include: "The Alaska Diary of Adebart von Chamisso: Naturalist on the Kotzebue Voyage, 1815-1818," (translator and editor, 1986); "Alaska Native Medical Center: A History 1953-1983," (1986); "Chills and Fever: Health and Disease in the Early History of Alaska," (1989); "The Words of Medicine: Sources, Meanings, and Delights," (2001); "Must We All Die? Alaska's Enduring Struggled with Tuberculosis," (2005). His last book "A Century of Adventure in Northern Health: The Public Health Service Commissioned

Corps in Alaska (1879-1978)," (2006) was published by the PHS Commissioned Officers Foundation for the Advancement of Public Health.

In addition to his writing, in 1989 CAPT Fortune began training a generation of Alaska's future physicians by joining the faculty of the Alaska WWAMI program. (The name is from the first letter of participating states: Washington, Wyoming, Alaska, Montana, and Idaho.)

Speaking for many Alaska Native Medical Center staff, Oncologist Greg Marino, M.D., remembered Fortune as "our dear friend, colleague, mentor and role model. Many of our senior physicians

were inspired by his leadership. He was a well-known physician who dedicated his professional life to the care of Alaska Natives. He was also a scholar and widely recognized as 'the medical historian of Alaska.'"

CAPT Fortune continued his close affiliation with the USPHS Commissioned Corps after retirement. He will be dearly missed by his fellow Commissioned Corps Officers, colleagues, friends, and patients.

CAPT Fortune was preceded in death by his father, Dr. Stanley Theodore Fortune of Overisel, MI; his mother, Susan McGraw Fortune of Surry, ME; his brother, Edward Taylor Fortune of Ogunquit, ME; and his sister, Barbara Anne Bickford of South Deerfield, MA. He is survived by his beloved wife of 49 years, Sheila; his daughter and son-in-law, Willa and Kevin Ryan of Shave Lake, CA; his son and daughter-in-law, Alex and Rebecca Fortune of Milwaukie, OR; his son and daughter-in-law, the Rev. Andrew and Heather Fortune of Balfour, British Columbia; and his sisters, Patricia Freeman of Marshfield, MA, and Nancy Westervelt of Winslow, ME. CAPT Fortune's memorial services were on May 23, 2009 in Anchorage, AK.

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For questions or to place an order, contact LT Chris Fletcher at CAFletcher@cdc.gov, Atlanta Commissioned Officers Association

(Buskey, from page 1)

In her spare time, CDR Buskey has contributed her talents toward the Special Olympics, the American Red Cross, several disaster relief agencies – and has mentored a great number of minority men and women into the PA profession.

CDR Buskey will receive a crystal Outstanding PA of the Year Award, \$2,500, and donations of \$1,500 to the PA Foundation and \$1,000 to the PHS Commissioned Officer Foundation – all of which is made possible with support of Pfizer Inc. The award is one of five Paragon Awards presented annually by AAPA to recognize members who have demonstrated distinguished service to patients, the community, and the profession. Other awards include: Humanitarian PA of the Year, Physician-PA Partnership Award, Federal Service PA of the Year, and the PA Service to the Underserved Award.

PHS Commissioned Officers Foundation

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* COF Dependent Scholarship Program
** In Memory of Zelda Rosenthal

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(See Donors, page 16)

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2009 COF Scholarship Program

The PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) is sponsoring the COF Scholarship Program to assist dependent children or dependent spouses of active duty, retired, or deceased officers of the USPHS Commissioned Corps, who are members of COA.

COF is firmly committed to encouraging the pursuit of higher education and is pleased to provide this opportunity for financial assistance in the form of scholarships for those eligible persons.

Scholarship Amounts

The scholarship awards range from \$250 to \$2000 depending on the applicant's qualifications.

Applicants to the PHS Commissioned Officers Foundation Scholarship Program must fulfill the following requirements:

1. Dependent children or dependent spouses of active duty, retired, or deceased officers of the USPHS Commissioned Corps, who are members, in good standing, of COA as of the applicant deadline date of June 1, 2009.

2. High School seniors/graduates who plan to enroll or students already enrolled in a full-time undergraduate or graduate course of study at an accredited two or four-year college, university, or vocational-technical school.
3. Recipients must enroll in a course of study no later than Fall 2009.

Scholarship recipients will be evaluated on the following standards; (in no particular order)

- The basis of the applicant's academic record.
- The applicant's school counselor's recommendation.
- The illustration of leadership and participation in school and community activities.
- Applicant's completed essay.

COF Scholarship payments are made in one installment. Check payments are mailed to the recipient's home address.

The application is available on the COF web site (www.phscof.org), by writing to the COF, 8201 Corporate Drive, Suite 200, Landover, MD 20785, or e-mail to Brian McSheffrey at bmcshreffrey@coausphs.org.

The COF Dependent Scholarship Program Needs Your Support!!

It is that time of the year again that the Commissioned Officers Foundation is asking for your support of this valuable program. Last year the Atlanta Branch, Bemidji Branch, Fort Duchesne Branch, Rio Grande Branch, and Oklahoma Branch, as well as the OBC Class 004, and the Ronald Lessing Memorial came through with COF scholarship donations. This year, the Bemidji Branch and Little Colorado River Branch have already donated towards the 2009 COF Scholarship Fund.

Here are the details of donating in the form of a COF Scholarship:

- The minimum donation for a scholarship is \$250.
- Branch's that donate can name the scholarship as they choose. Most branches simply name the scholarship after their particular branch to gain the much deserved recognition.
- Branches that donate may choose one representative from their branch to serve on the Scholarship Awards Committee.
- Individuals that would like to donate are highly encouraged as well. Again, they may name the scholarship as they wish.
- Individuals that donate may serve on the Scholarship Awards Committee.

This is an opportunity for Branches, PAC/PAGs to participate in this worthwhile program. This can also be a meaningful gift for a retirement ceremony or a remembrance in lieu of flowers for a departed officer/loved one. If you would like to donate or discuss this option any further, please contact Brian McSheffrey at 301-731-9080 or bmcshreffrey@coausphs.org.

(Donors, from page 15)

CAPT Lorenzo G. Guzman, (Ret.)
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CDR Diahann L. Williams

In Lieu of Flowers

The COF wishes to thank those families, who, in time of mourning, have asked that "in Lieu of Flowers a donation be made to the PHS Commissioned Officers Foundation." This is a thoughtful and lasting salute to the contributions made by the dedicated members of the Commissioned Corps. COF provides a listing of those donating "in memory of" to the family. Thank you for thinking of those who will follow.

Donations should be sent to Commissioned Officers Foundation, 8201 Corporate Drive, Suite 200, Landover, MD 20785.

China Project Donors

COF wishes to express appreciation to those who have donated to the University of Maryland/Commissioned Officers Foundation China Project. The donations have been so generous that COF believes there is enough "start up resources" to permit us to move ahead with a plan to initiate the trip to China in early fall of 2009. More donations are needed, for information on this project and how you may contribute contact Brian McSheffrey at 301-731-9080 or bmcshreffrey@coausphs.org.

Commissioned Corps Team Deploys Aboard USNS Comfort

Health Diplomacy Weekly Update 2009, Week # 5: April 30th – May 6th

In support of U.S. Government Health Diplomacy initiatives, the USPHS Commissioned Corps continues to participate with the U.S. Navy on ship-based missions designed to increase the operational capacity of U.S. government personnel to deliver humanitarian assistance, perform public health assessments, conduct public health infrastructure repairs and provide health care training of indigenous health care workers in the Caribbean, Latin America, the Pacific Rim and Pacific Islands during the spring, summer and fall of 2009. The USPHS Officer-in-Charge (OIC) is CAPT Arturo Bravo.

USPHS Team 1 returned home as the USPHS Team 2 boarded the ship, which is currently in Antigua. The primary site of operations was at the Multicultural Center in St. John's.



St. Johns Antigua (May 6, 2009) - CDR Sheila Merriweather distributes rapid health needs assessment forms to patients waiting for treatment

(See USNS Comfort, page 18)

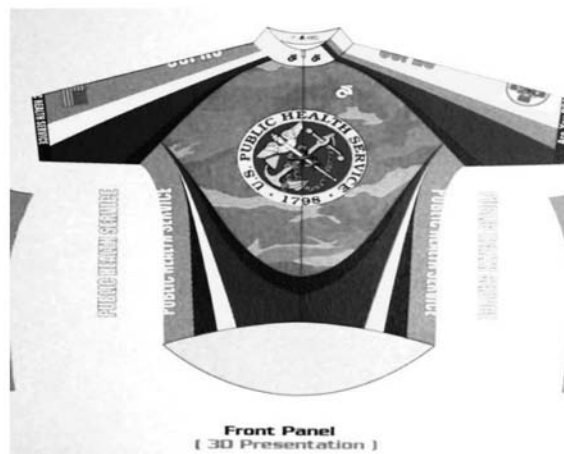
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Baltimore COA Chapter, PHS Team for Multiple Sclerosis Walk 2009

By LCDR Monique S. Howard

The Baltimore Chapter of the COA sponsored a PHS team chaired by LCDR Monique Howard, President of the Baltimore COA Chapter, in support of the Maryland Chapter of the National Multiple Sclerosis (MS) Society's Walk 2009 held on Saturday, April 18, 2009 at the Howard Community College in Columbia, MD. The Maryland Chapter of the MS Society serves more than 6,000 men, women, and children living with MS. The National MS Society advocates for the approximately 400,000 persons living with MS to encourage the movement of politicians and legislation forward in the areas of funding for MS research, health insurance, long-term care and disability rights.

This was the first time the Baltimore COA has sponsored a team for this event. The 19 officers from the Baltimore COA, DC COA, and Ft. Dietrick COA came out on this beautiful day in the spirit of service for such a worthy cause. Officers wore the PHS tee shirt and ball cap during the MS Walk 2009 which allowed for increased PHS visibility in the community and display of camaraderie. Along the walk route, Officers were sought to inform fellow civilian walkers of the PHS mission. It was an honor to walk with CAPT Glen Drew, (Ret.), and CAPT Cynthia Wark, (Ret.), as well as some of the PHS Officers' co-workers, family, and



Baltimore Chapter, COA PHS Team for MS Walk 2009

friends who joined the PHS Team. Donations totaling \$1,185 from walk participants and from officers, family and friends not in attendance were contributed to the Maryland Chapter of the National Multiple Sclerosis Society.

We appreciated the following PHS Officers who participated in the MS Walk: LCDR Michelle Arena, CDR Lindsey Bramwell, CAPT Glen Drew, (Ret.), LCDR Brian Elza, LT Jill Hammond, LT Shayna Herbert, LCDR Nam Hoang, LCDR Monique Howard, LTJG Christopher Mocca, CDR Godwin Odia, LCDR Anna

Park, LT Reggi Parker, LT Joshua Simms, LCDR Kelley Simms, LCDR Shirley Thompson, CAPT Cynthia Wark, (Ret.), LT Robert Windom, CAPT Cheryl Wiseman, and CAPT Bill Wyeth.

Sincere thanks to all Officers, co-workers, family, and friends who participated and for the contributions donated for the Maryland Chapter of the MS Society's Walk 2009. For more information on the Maryland Chapter of the National MS Society Walk 2009, please go to the website at <http://walkmdm.nationalmssociety.org>.

(USNS Comfort, from page 17)

While in Antigua:

- The dental team performed restorative procedures and extractions.
- The optometry team saw patients, distributed eye glasses, and prescriptions, and trained nursing students in general eye evaluation techniques.
- The pharmacy team served ashore and was assisted by two corpsmen and a records manager, dispensing prescriptions.

- The preventive medicine team made preparations for distribution of a health assessment survey, provided health education to those individuals waiting in line for medical services at the Multicultural Center, and facilitated communication with CDC to obtain an H1N1 test kit for crew protection.
- The veterinary team traveled the island, meeting with the agriculture personnel for the island, Humane Society, and some local farmers to assess their needs.



St. Johns Antigua (May 6, 2009) - LT Scott Williams administers anesthetic to a patient

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COA Members Helminiak and Clark Named Chief Professional Officers

Acting Surgeon General, RADM Steve Galson, has named CAPT Claire Helminiak and CAPT Edith Clark as, respectively, the next PHS Chief Medical and Chief Dietitian Officers. CAPT Helminiak will relieve RADM David Rutstein as Chief Medical Officer. CAPT Clark will relieve CAPT Jan Huy as Chief Dietitian Officer. CAPT Huy is a former national COA board member.

CAPT Helminiak is assigned to the Office of the Assistant Secretary for Preparedness and Emergency Response where she is the Coordinating Director for Medical Programs. She was previously assigned as the Medical Advisor for Homeland Security Affairs, in the Office of the Vice President of the United States.

CAPT Clark is assigned to the Indian Health Service, Phoenix Indian Medical Center as the Director, Nutrition Services and Internship Director, Southwestern Dietetic Internship Consortium. She was previously posted as Community Dietitian with the Phoenix Indian Medical Center.

CAPT Helminiak and CAPT Clark will take up their new collateral duties on June 1st, 2009. Both are long-term members of COA and we extend our hearty congratulations and best wishes for success in these important positions.

COA also extends our congratulations to RADM Rutstein and CAPT Huy as they complete their terms as Chief Professional Officers. They have provided outstanding leadership for their Categories and the entire Corps during often difficult and demanding times.

COA is especially pleased once again to see two key leaders who are COA members replaced by officers who are also COA members continuing the strong correlation between COA membership and leadership in the Commissioned Corps.



CAPT Laurence D. Reed,
Acting Editor

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Commander John Perkner Receives the Corporate Health Achievement Exemplary Practice Citation Award

CDR John Perkner, DO, MSPH, Director of the Sudden Cardiac Arrest Program for Federal Occupational Health (FOH), a service within the U.S. Department of Health and Human Services, was awarded the Corporate Health Achievement Exemplary Practice Citation by the American College of Occupational and Environmental Medicine (ACOEM).

Currently assigned to FOH's Denver office, CDR Perkner received this award that recognizes private companies and government with outstanding workplace health, wellness or safety programs that may be implemented by other organizations. Dr. Perkner, who has been assigned to FOH for 9 years, is an active member of both national Commissioned Officers Association and its Rocky Mountain Chapter. CDR Perkner states "I am proud to be part of the development of a lifesaving Federal worksite program and I am gratified to meet and form lasting relationships with the survivors of sudden cardiac arrest."

The Sudden Cardiac Arrest Program,

provided by the FOH Clinical Services, is a 10-year-old turn-key program for Federal agencies that includes medical oversight, cardiopulmonary resuscitation training, and equipment procurement. Almost 4,000 Automated External Defibrillators (AEDs) have been placed in Federal buildings across the nation and in federal offices abroad.

Dr. Gene Migliaccio, the Director of FOH, states that "Dr. Perkner is a dedicated and committed PHS Commissioned Corps Officer who oversees a worldwide AED program for government employees. His team has raised the awareness of the importance of AEDs in the Federal workplace and their work has saved lives."

FOH is the largest federal provider of occupational health services serving more than 360 federal agencies and nearly 1.5 million Federal employees. In addition to Clinical Services, FOH provides Wellness/Fitness, Employee Assistance Program (EAP), Environmental Health and Organizational Development services to Federal agencies.



(Left) Robert R. Orford, MD, President of American College of Occupational and Environmental Medicine; (Right) CDR John Perkner, USPHS

(Executive Director, from p. 1)

Where there is a law there is (almost) always a loophole. In this case, the loophole is the use of the term "Regular Corps" instead of career officer, or some other modifier. Civilians can be, and are routinely commissioned in the Regular Corps. In the case of civilians who are nominated as Surgeon General, they are also concurrently nominated for a commission in the Regular Corps with the rank of Director (Captain, paygrade O-6). When the Senate confirms the nominee, he or she is first confirmed as a Regular Corps Director, and then confirmed for promotion to Surgeon General, thus fulfilling the "letter of the law."

Whether such practice meets the spirit or original intent of the law is another matter.

Some key points. Note that Title 42 does not require the Surgeon General to

be a surgeon, or even a medical doctor. Beyond a Regular Corps officer the nominee must have "specialized training" or "significant experience in public health programs." What do these requirements really mean? Specialized training could be interpreted to mean the individual must hold a medical degree as a physician. Certainly that has been the commonly accepted meaning. How could the *Surgeon General* be anything but a *physician*?

But "specialized training" could also reasonably be interpreted as holding a degree in public health like an MPH or a DrPH. Or perhaps a nursing degree with a specialty in public health, or certification as a public health engineer or environmental health specialist, or...

And note further that Title 42 says "specialized training *or* significant experience in public health programs." [Emphasis added.] So, for example, a

family practitioner, pediatrician, neurologist, or even a radiologist might qualify if they have worked extensively in public health programs. And so can nurses, and anyone else who has similar experience. "Public health programs," as you all know better than me, can be an extraordinarily broad field.

For these seeking legal loopholes, statutory ambiguity is their best ally.

For the sake of comparison, I researched the statutory requirements for the Chief of Naval Operations (CNO) – the PHS Surgeon General's counterpart in the Navy. The law says: "There is a Chief of Naval Operations, appointed by the President, by and with the advice and consent of the Senate. The Chief of Naval Operations shall be appointed for a term of four years, from officers on the active-duty list in the line of the Navy who are eligible to command at sea and who hold the grade

(See *Executive Director*, page 22)

(Executive Director, from p. 21)

of rear admiral or above....”
(10USCA§5033)

“Active-duty list” of the Navy corresponds roughly to Regular Corps for the PHS, although the difference is that a naval officer in the reserves can be on the active duty list and therefore eligible to be named CNO, while a reserve officer on active duty in the Commissioned Corps is not eligible for promotion to Surgeon General.

“In the line...eligible to command at sea and who hold the grade of rear admiral or above...” all serve to make it clear that the CNO will come from the career ranks of professional naval officers. In the case of the Navy (similar for the other Armed Services) the ambiguity of “specialized training” and “significant experience” are replaced by qualifications that cannot be obtained short of years of service in uniform.

For the Navy and the rest of the Armed Services, the emphasis is on finding *leaders* (“*command at sea*”) whose career has emphasized the development of leadership skills grounded in the art and science of naval warfare. I submit that the emphasis should be no different for the uniformed service of the Commissioned Corps. The Surgeon General should be an experienced leader grounded in the science of public health through a career of service in the PHS Commissioned Corps. Say “Amen.”

The need for strong, centralized, empowered and recognizable public health leadership reoccurs as a common thread in the growing discussions advocating a greater focus on public health and prevention in health care reform. Dr. Nicole Lurie, recently named as the next DHHS Assistant Secretary for Preparedness and Response (ASPR), wrote in a 2006 RAND study report that where public health issues are concerned “Leadership is

Critical.” Using California as an example, Dr. Lurie found that “There is no public health system in California” and “no clear (public health) leadership.” She further observed that California is not unique in this regard.

Indeed, the same can be said for the nation as a whole. Public health responsibility is fragmented among a dozen or more competing institutions at the federal level with no one clearly in charge. A coalition of public health interest groups and Capitol Hill staff are preparing a set of recommendations that aim to give public health a more prominent place in overall health care reform. Every major issue identified by this group – workforce, infrastructure, making public health efforts a pillar of the health system and more – includes an acknowledgement that *leadership* in that particular area is a critical factor. There is even a proposal to “create a public health czar with authority and responsibility and ...dedicated funding streams for public health programs.” Up until 1965 we called that czar the Surgeon General – with authority, responsibility, funding and leadership for the Public Health Service.

COA has commented on the absurdity of proposing to establish a new public health “czar” when what is far more practical is to start using the public health leader we already have – the Surgeon General. We have also pointed out that while leadership is a common thread throughout the report, leadership is not identified as an issue unto itself. Leadership in public health is not *an* issue. Leadership in public health is *the* issue.

Yet, in mid-May we still do not have a Surgeon General nominee, much less a nominee from within the career ranks of the Commissioned Corps. There are some indications that the White House may have settled on a nominee, but COA has been unable to confirm such reports. Our hope is that the White House adheres to the spirit and intent of Title 42 when naming the 18th Surgeon General and resists the temptation to cloak itself in the mantle of “letter of the law.” The Nation needs a public health leader, not a public health spokesperson.

Yours Aye!

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For questions, contact CAPT Marjie Witman at mwitmanphs@yahoo.com or CAPT John Leffel at john_leffel@partner.nps.gov.

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