

To the Editor:

I receive the weekly bulletin distributed by the Association of Schools of Public Health (ASPH). In the latest bulletin, I noticed an announcement of the availability of a supplement to a recent issue of Public Health Reports, now published by ASPH in conjunction with the U.S. Public Health Service.

The supplement contains seminal articles that have appeared in that journal since 1878. I promptly ordered a hard-cover copy, which just arrived in the mail.

I am overwhelmed by what is in this book! It contains some of the most significant published material in the history of public health and the U.S. Public Health Service. All but a few

of the selected articles were written by PHS commissioned officers, including several former Surgeons General. In many cases, photographs of the original authors are included, most of them in PHS uniform.

Each article is preceded by a one-page commentary written by a public health leader. Many of these contributing writers are PHS officers, including RADM Arthur J. Lawrence, Jr., Deputy Assistant Secretary for Health Operations at DHHS.

RADM Fitzhugh Mullan (Ret.), author of the 1989 book, *Plagues and Politics*, has a 1980 article in the supplement; he also contributed the commentary that precedes a 1961 article by former Surgeon General Luther Terry. A

1917 report written by RADM Mullan's grandfather, Eugene H. Mullan, who examined immigrants on Ellis Island, also appears in the historical supplement.

This is a most important and useful historical compilation, not only from the standpoint of public health history, but also as a chronicle of the contributions of PHS Commissioned Officers to the health progress of this nation. I recommend it to each and every one of you. I even regard it as significant as *Plagues and Politics* in setting out a clear record of the proud history of the PHS Commissioned Corps.

Sincerely,
RADM Jerrold M. Michael (Ret.)



Historical Collection, 1878-2005

Edited by
Robert A. Rinsky, PhD

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COA Frontline

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April 2006

Your Vote is Important!

**Special COA Board
Election Issue**
See pages 10-17

From the Executive Director

Traveling Man

Dear COA Friends,

Greetings from the Navajo Nation in New Mexico, where I begin this month's column. Since the beginning of the year, I have been enjoying a busier than usual travel schedule, participating in conferences in Houston and Washington, DC; visits to branches in Seattle, Boston, and now here in Shiprock and Crownpoint; and speaking at Basic Officer Training Courses in Rockville, Chicago, and Farmington. Throw in a few additional business trips to Pennsylvania, Colorado, and Florida, along with the usual round of meetings here in the DC Metro area, and I feel like a stranger in the office.



Jerry Farrell
Executive Director

In February, I was honored to address the one-hundredth BOTC course in Rockville, Maryland. The course was limited to officers newly called to duty. It was exciting and encouraging to see so many eager young professionals willing to commit to the PHS Commissioned Corps.

My schedule helps to explain why I may have been difficult to reach or

(See **Executive Director**, page 8)

Show Us the Money

By Jerry Farrell

The recent White House Katrina Response Report stamps an exclamation point on the DHHS Secretary's January announcement about the future direction of a transformed Commissioned Corps. There are four elements necessary to complete the transformation, and with the White House Report, three of those four elements appear to be in place.

In order to effect change, one first needs a vision and a plan to achieve the vision. It has taken five years for the vision and plan for a transformed Corps to evolve and mature. Secretary Leavitt's January announcement articulates a comprehensive vision for a retooled Corps that maintains the traditional role of the Corps in public health while positioning the Corps to meet the emerging demands of public health leadership in the Twenty-first Century. In early March, the several groups working on specific

plans to implement the Secretary's vision completed their work.

The second element needed to implement change is leadership committed to the change. It now appears that we have such a leadership team in place with the Assistant Secretary for Health, Admiral John Agwunobi, and the Surgeon General, Vice Admiral Richard Carmona. These two officers share a background in public health, especially public health emergency response. They also appear to share a vision of the way forward for the Commissioned Corps, and they have expressed their firm commitment to achieving a transformed, more professional, and more capable Commissioned Corps. Backed up by the Chief Professional Officers, the Corps has the leaders it needs to get the job done.

The third component of change management is that this is the first time "three and freeze" has been formally called into question by the Commissioned Corps chain-of-command.

(See *Show Us the Money*, page 8)

Analysis

"Three and Freeze" under Scrutiny

By Jerry Farrell

COA has learned that in early February, the Chief Professional Officers (CPOs) unanimously recommended, in writing, to the Surgeon General, that the "three and freeze" promotion policy be held in abeyance. After discussion with the CPOs, the Office of the Surgeon General (OSG) forwarded their recommendation to the Assistant Secretary for Health. What is significant and encourag-

ing is that this is the first time "three and freeze" has been formally called into question by the Commissioned Corps chain-of-command.

The CPOs' recommendation appears to express concerns similar to those raised by COA. "Three and freeze" originally was intended to address concerns about the numbers of individuals who

(See *"Three and Freeze,"* page 3)

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

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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.

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TRICARE Fee Debate Moves to Capitol Hill

In January and February, discussions between the Defense Department and The Military Coalition (TMC) about the Department's proposals to cut health care costs (mostly at the expense of uniformed services retirees under 65) took place in the suburban Virginia conference rooms of TRICARE Management Activity and the Fleet Reserve Association. In mid-March, the parties moved to Capitol Hill.

The first stop, on March 14, was a hearing room in the Russell Senate Office Building, where Sen. Lindsey Graham (R-SC), chairman of the Personnel Subcommittee of the Senate Armed Services Committee, conducted a hearing to examine proposed TRICARE fee increases.

The Department's central argument is that health care for service members and their families now costs \$38 billion and, if unchecked, will consume 12 percent of the Defense budget by 2015, thereby threatening the nation's security.

TMC witnesses challenged that number, saying they cannot trust it and do not know how it was derived. They requested an independent audit by the Government Accounting Office (GAO). TMC witnesses also objected to what they termed steep "overnight" increases, and the disproportionate penalizing of retirees. They said retirees have "paid their premiums up front," meaning they have endured sacrifices to remain in long careers in the uniformed services.

Sen. Graham seemed unpersuaded. "I cannot sit here and promise military retirees free health care for the rest of their lives," he said. "An adjustment needs to be made. And if we don't do it now, it will become unbelievably difficult later."

On Wednesday, March 15, two members of Congress held a news conference to unveil a bipartisan bill that would strip

the Defense Department of its ability to unilaterally raise fees. It was introduced by Representatives Chet Edwards (D-TX), a member of the House Appropriations Committee, and Walter B. Jones, Jr. (R-NC), a member of the Armed Services Committee. Their bill, HR 4949, is known officially as The Military Retirees' Health Care Protection Act of 2006 and unofficially as the TRICARE bill. It would block the Defense Department's current proposal and require the administration, now and in the future, to get congressional approval in advance. A dozen TMC member organizations were on hand to speak in support of the bill.

On Thursday, March 16, The Washington Post reported the controversy under a headline that read, "Plan to Raise Military Retirees' Health Costs Faces a Tough Fight." The Post had interviewed Dr. William Winkenwerder, Jr., Assistant Secretary of Defense for Health Affairs, who said the military health care program had not raised fees in 11 years and the proposed increases are but "modest adjustments."

The Post also quoted the two congressmen, who claimed the proposals would double or triple premiums for three million uniformed services retirees, break the nation's promise to provide affordable care to service families, and jeopardize recruitment for the volunteer force. Of the Bush Administration, Rep. Jones, the North Carolina Republican, said, "they had better get on our side or they are going to be embarrassed."

As Frontline goes to press, interested parties are preparing for the next round, a public hearing scheduled for Wednesday, March 29, by the House Armed Services Committee's Subcommittee on Military Personnel. Stay tuned. ■

— Judy Rensberger

"An adjustment needs to be made. And if we don't do it now, it will become unbelievably difficult later."

Sen. Lindsey Graham (R-SC)

“Three and Freeze”, from page 1

came before promotion boards year after year, to no avail. The policy was based on promotion rates that were higher than at present, using data from the 1990s that may no longer be valid. Further, the policy was never intended to be a stand-alone rule. Rather, it was to be implemented along with other changes, including a billet-based force management system. There is concern at all levels that this policy could do more harm than good, and that the ultimate consequences of “three and freeze” have never been fully explored or analyzed – especially since the development of a force management system has lagged behind the promotion system policy changes.

COA believes that the more thorough an analysis there is of “three and freeze,” the more reason there will be to suspend its implementation. Regardless of the decision on this issue, we hope that when that decision is reached, the reasons for it will be fully articulated to the Corps. ■

PHS Engineers and EHOs Recognized

By *LT Devin Williams*

The Office of Force Readiness and Deployment (OFRD) received the Cumming Award from the Society of American Military Engineers for 2005. The award was presented in recognition of the Engineers (ENG) and Environmental Health Officers (EHO) who responded to domestic and international incidents under the direction of OFRD in 2004 and 2005, which included the response to Hurricanes Katrina, Rita, and Wilma.

The Office of Reserve Affairs (ORA) rostered over 200 Inactive Reserve officers who volunteered to assist the devastated Gulf Coast region. Of those rostered, 80 served a total of 1,200 activation days. Four of those officers were in the ENG and EHO category.

The ORA would like to recognize the following IRC Officers for their contributions towards the award: CAPT Ian P. Barber (ENG), CAPT Terri J. Jenkins (EHO), CAPT Edward (Laurence) Libelo (SCI-EHO), and CAPT Lee E. Mueller (ENG)



These four officers received letters from the (former) Chief Engineer Officer, RADM Robert Williams, and the Chief Environmental Health Officer, CAPT Randy Grinnell, as well as a copy of the award. Copies were also placed in their official personnel files. ■

For more information on the IRC, contact CAPT James Sayers (Director, ORA) at 301-443-4000.

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Also In This Issue

Dietitians Deployed for Hurricane Rita	4
Foundation Scholarship Program	6
Donations	7
2006 Election – COA Board of Directors.....	10-17
Aurora Borealis Elects New Executive Committee.....	18
Aurora Borealis Raises Money	19
The Military Coalition	19
In My View.....	20

Your Vote is Important!
2006 Election – COA Board of Directors

★

Please review the candidates' profiles and make your selections on the ballot printed in this issue of Frontline on page 10.

Dietitians Deployed for Hurricane Rita

By the Hurricane Rita Dietitian Team

In response to Hurricane Rita, the Office of Force Readiness and Deployment of the USPHS deployed eight dietitians to College Station, Texas where one of the nation's first federal shelters for special needs residents was established. At College Station, the Dietitian Team found over three hundred residents with conditions such as diabetes, heart disease, hypertension, and dysphagia in addition to three hundred family members and staff. This special needs shelter had a variety of residents from nursing homes, hospitals, and chronically ill home-bound individuals.

Clinical Experience

The initial goal for the Dietitian Team was to assess tube feeding residents and other high risk individuals. Some tube feeding residents did not bring an adequate amount of their tube feeding formula which required assessment by the Team to determine if there was an appropriate tube feeding alternative that was available in the shelter. In some cases, area hospitals were able to donate enteral nutrition products if needed. Nutritional assessments were challenging because there was very little medical history to review. Residents had been rapidly evacuated from their locations and only the basic information was sent with them such as names, birth dates, diagnosis, and a brief medical history. Faced to work with limited data, dietitians had to use their best professional judgment in each case. A calculator with nutrition software and measuring tapes (for height or knee-height determination) and reference books on nutrition support for pediatric and adult age groups proved to be helpful tools. In all, the Dietitian Team assessed and documented on many residents and provided recommendations for many consultations.

Another priority for the Team was to develop a procedure to assess and provide intervention for a large population. Since the resident population reached

over four hundred, the dietitians found it challenging to establish an effective and efficient screening tool. It was beneficial to identify a meeting location where dietitians could assemble and organize their strategy at the change of shift. During this short meeting time the dietitians were able to obtain and review resident rosters. Perhaps the most effective tool was simply rounding and observing the different resident locations and communicating with the nursing staff. This provided valuable feedback that was used to better screen residents.

Food Service Experience

The Dietitian Team was given autonomy by their commanding officer to lead in the food service area. In an emergency situation such as this, the initial goal from a food service/food safety perspective was possession of an adequate supply of safe food and water that could be delivered in a safe manner. Since these needs were met by the University and other donating organizations, it was then appropriate to go beyond basic food service and initiate appropriate texture modifications and, as needed, dietary restrictions. The staff had set-up a classroom within the shelter as a way to store and distribute dry goods and food. The cooked meals were catered by area restaurants on the weekend and by the University's central kitchen during the week. The food, however, was not texture modified for patients who had trouble chewing or swallowing. The donated food could also be improved to help better serve individuals with diabetes and hypertension. The Dietitian Team was able to work with the University staff to

improve the nutritional content of the food. They were able to secure healthier options of fruits and vegetables to provide as part of the special diets such as renal, low sodium, low fat, high calorie/protein, and diabetic meals. The Team also obtained blenders from the nursing home staff that were used to produce puree and mechanical soft meals. Over 160 meals including texturally altered meals were developed and assembled by the dietitians. These meals contributed to more healthful and tolerable options for the residents.

Food safety was another concern throughout the deployment. Meals were prepared offsite and transported in a refrigerated truck or in heated carts. A refrigerated truck remained on premises in order to store leftover items for use at the next meal. While gloves and hairnets were used to prevent food contamination, food thermometers remained unavailable, but were needed to ensure safe food distribution.

Even with limited resources, the Dietitian Team made a unique contribution to the nutritional health and safety of the residents. Based on their experience, they offer the following recommendations for future deployments:

Even with limited resources, the Dietitian Team made a unique contribution to the nutritional health and safety of the residents. Based on their experience, they offer the following recommendations for future deployments:

- ◆ Grant the chief dietitian with procurement authority to purchase emergency food, supplies, and necessary equipment.
- ◆ Food thermometers, hairnets, sanitizing products, serving utensils, and some nutritional supplements should be a part of the push packs.
- ◆ Prior to an emergency, a basic equipment list should be developed and the equipment procured and sent with the first wave of responders so that food production can begin as soon as possible.

(See *Dietitians*, page 5)

Even with limited resources, the Dietitian Team made a unique contribution to the nutritional health and safety of the residents.

- ◆ Obtain cell phones or blackberries to aid with communication among members of the teams.
- ◆ Communicate the needs of residents and staff effectively through the chain of command and/or administration.
- ◆ Encourage initiative and foster teamwork.
- ◆ Be prepared for anything by packing according to suggestions from the OFRD prepared lists.
- ◆ Keep the USPHS mission as priority during deployments
- ◆ Assign appropriate duties to dietitians on the team based on expertise and experience.
- ◆ Obtain a copy of the resident and staff census each day. ■

Hurricane Rita Dietitian Team

This article is excerpted from a much longer report developed by these eight PHS officers. All are registered dietitians.

- CAPT Miranda Yang-Oshida*
- LCDR Jean Kelahan*
- LCDR Samantha Maloney*
- LCDR Susan Warren*
- LCDR Elaine Little*
- LT Christopher Dunbar*
- LT Blakely Denkinger*
- LT Michelle Johnson*

Conference Roommate Assistance

Officers interested in reducing costs for the 2006 Public Health Professional Conference in Denver by sharing a hotel room are invited to email LT Varsha B. Savalia at vsavalia@ora.fda.gov. LT Savalia has offered to coordinate a roommate locator service for officers. Email should include name, rank, category, gender and smoking preference. State whether you are willing to host/donate half of your room to an unfunded officer. ■

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Foundation Scholarship Program Wants Your Help

By Deborah George-Feres

Since 2002, The PHS Commissioned Officers Foundation (COF) has distributed over \$32,000 in academic scholarships to 32 dependents of Commissioned Corps officers. Scholarship recipients are bright individuals from diverse backgrounds who are seeking education in a broad variety of academic programs.

COF is firmly committed to encouraging the pursuit of higher education, particularly within public health, and is pleased to provide this opportunity for financial assistance in the form of scholarships for eligible individuals. Recipients of the scholarships have expressed career aspirations ranging from mechanical and aerospace engineering and chemistry to nursing and pediatric medicine. Upon completion of their studies, many of the recipients will join the public health community and the Commissioned Corps, adding to the cadre of 6,000 highly trained uniformed officers, and making a

significant contribution to public health.

In previous years, scholarship awards have ranged from \$750-\$2,000 depending on the financial need of the recipient, and have equaled a total distribution of \$8,000 on a yearly basis. This year, however, COF would like to increase the amount we can award to individual recipients. Therefore, COF is seeking an increase in total contributions for the Scholarship Program. Although the Foundation has not yet received any contributions for the 2006 scholarship program, we are optimistic that the combined contributions from our Branches and individual donors, as well as our past and potential sponsors, will enable us to continue the program and meet this important need. There are a number of benefits to becoming a sponsor, which include having the opportunity to serve on the Scholarships Awards committee or naming a scholarship after a particular individual or branch. The minimum

donation is \$250 and there is no cap on a maximum amount. We look forward to receiving your financial support. To make a contribution, please contact me, Deborah George-Feres, by e-mail at dgeorge-feres@coausphs.org, or by telephone at 866-366-9593 ext. 216. You may also send your donations to the COF office at 8201 Corporate Blvd., Suite 200, Landover, Maryland, 20785.

Students interested in applying to the Scholarship Program will be able to access the application via the COF website at www.phscof.org beginning April 1. The website also provides information on eligibility criteria. ■

Deborah George-Feres is Director of Development for the PHS Commissioned Officers Foundation for the Advancement of Public Health. She holds a bachelor's degree in business administration and a master's in community economic development.

Yes, I would like to help!

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Welcome New COA Members

These PHS officers joined COA in February:

LT Jennifer Allies, Big Sky	LT Douglas Fiorentino, New England
LT Kofi Anash, Tucson	CAPT Joseph Gordon, Unaffiliated
LT Dharna Begich, Aurora Borealis	LT Marna Hoard, Unaffiliated
LT Nicolette Bennett, Aurora Borealis	LTJG Adam Hughes, Grand Canyon
LT Daniel Boyle, Tucson	LT Kimmi Kieu, Cherokee
LT Tammie Brent-Steele, District of Columbia	LT David Kostamo, Bemidji
LT Stephen Brum, Aurora Borealis	LT Peter Laluk, Tucson
LT Darin Burns, Rio Grande	LTJG Jacob Malouf, Aurora Borealis
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LTJG Elisa DuBreuil, Navajo	LT Latrece Timmons, District of Columbia
LTJG Isabel Espinosa, Western Arizona	LT Kiesha Van Valkenburgh, Unaffiliated
	Lt Suzanne Wolcoff, Baltimore

Show Us the Money, *from page 1*

agement, especially important in the federal workplace, is political will. The White House Katrina Report indicates that the political will to transform the Corps is finally in place. Further, the Corps now has friends on Capitol Hill. The congressional delegations from hur-

ricane ravaged states of Mississippi, Louisiana, and Florida have a clear understanding of the importance of the Corps. Senator Mary Landrieu's (D-LA) emotional remarks at the ROA Winter meeting are evidence of congressional support.

The remaining (and in many ways most important) ingredient to effect change is to provide the resources neces-

sary to bring the vision and plans to life. This remains to be done. While many of the actions leading to a transformed Corps are resource-neutral, many others are not. COA estimates that approximately \$50 million is needed this year to begin to effect the changes described by Secretary Leavitt and underscored in the White House Katrina Report.

There is little cost to instituting career paths or tracks (clinician, research, public health operations, and mental health). Similarly, many of the other force management changes identified by the Secretary, such as identifying billets reserved for Corps officers, are not resource-intensive. To be sure, there is a price for these activities in terms of the labor needed to do the research, establish criteria, and so on, but the expectation is that these activities would be accomplished within the existing workforce.

What will require dedicated funding are the organization and training activities, particularly those involving a ready reserve component, expanded mandatory training and indoctrination for new accessions, and readiness and emergency response activities.

There is \$14 million in the President's FY07 budget for the Corps, but that is too little, too late.

The 2006 hurricane season is less than three months away. Throughout the winter, the surface temperature in the Gulf of Mexico has been two degrees above normal; this suggests an early hurricane season, or a more severe one, or both. All the experts tell us we are overdue for a flu pandemic. We are watching the steady progress of H5N1 toward North America, and holding our breath (literally and figuratively) in anticipation of its mutation to a disease transmitted from human to human. And the possibility of a terrorist attack with bio-weapon remains with us on a daily basis. We cannot afford to wait any longer.

COA urges the Secretary, the Assistant Secretary and the Surgeon General to continue to exercise their leadership and political will to identify the fiscal resources, reprogramming within the current budget year as necessary, to begin the important work of transformation now. Talk is cheap. ■

Executive Director, *from page 1*

slow to return calls and reply to e-mails for the last several weeks. The long distance-traveling appears to be over for a while, at least until the Denver Conference.

Travel Waiver

COA was informed on 15 March that DHHS has approved a travel waiver for officers assigned to the Department to attend the conference. At the request of the Department, we extended the early bird registration to 20 March. Officers should not delay in registering for the conference now that the waiver is in place.

Even with the travel waiver, officers are finding it hard to obtain approval for funded travel to Denver. We are aware of at least one OpDiv who was planning to deny all travel to the Denver conference, including denial of administrative leave for officers willing to fund themselves. Nearly all OpDivs are severely limiting travel, citing a lack of funds. We are pleased that the Assistant Secretary for Health, Admiral John Agwunobi, addressed a strong endorsement of the conference to all Op and Staff Division heads - backed up by the Surgeon General.

There is no question, though, that officers are finding getting to the conference more difficult this year than in the recent past. That is especially unfortunate given the steady improvement in the overall quality of the conference that we have worked hard to achieve. When combined with the Public Health Leadership Institute offered by the Foundation the day before the Conference itself opens, we believe we have assembled an agenda that is second to none, regardless of the size or sponsorship of the conference. We further believe that ours is the

best educational and networking program available, and considerably less expensive than similar events offered by other organizations.

My message here is that while COA is doing all we can as an organization to facilitate officers' participation in the conference, individual officers should be looking for ways to come to Denver other than having your OpDiv send you. The Foundation does its part, paying the registration fees for junior officers (O-3 and below) who cannot get government funding. Last year the Foundation sponsored 68 junior officers; this year it will sponsor at least that many, and probably more.

This is your conference. It is planned and organized to meet the specific needs of PHS Commissioned Officers. We keep the cost as low as possible as a benefit of membership in COA. I urge all our members to make every effort to attend this conference this year and every year. This year's conference, in particular, offers the Corps much to celebrate as well as much to learn. As we recognize the historic and successful deployment of the Corps in the aftermath of last year's hurricanes, we will at the same time examine those deployments for areas in which the Corps needs to improve its capabilities as transformation moves forward. I am told that the leadership will have much to report in Denver about the progress of transformation. Please make plans to join us there and hear the latest news first-hand.

Back in our offices in Landover, Maryland, I am now finishing up this column begun in New Mexico. It was snowing fiercely while I was in the Navajo Nation. I returned east to find the temperature in the seventies and the buds beginning to make their first appearances on the trees. I look forward to the warmth of spring and summer and to greeting you all in Denver.

Yours Aye!



SUNDAY, APRIL 30

Public Health Leadership Institute



Preceding the conference, on Sunday, April 30, the PHS Commissioned Officers Foundation (COF) for the Advancement of Public Health will offer a 1-day Leadership Institute for Commissioned Officers. The Leadership Institute responds to a critical need expressed by many officers for more intensive leadership training, particularly in reference to emergency response situations.

Structured within the context of the National Incident Management System and the National Response Plan, the day will explore the role of Commissioned Officers in leading public health emergency response missions and activities.

The day will include keynote presentations by VADM Thad Allen of the U.S. Coast Guard, who spearheaded the response effort in the Gulf Coast, VADM Richard Carmona, U.S. Surgeon General and Dr. Rajeev Venkayya, Director for Biodefense and Health at the White House Homeland Security Council. The morning will include breakout sessions for Junior and Senior Officers.

The highlight of the day will be a public health “wargame” organized by the National Strategic Gaming Center of the National Defense University. The topic for the wargame will be chosen by Surgeon General Carmona. This is a unique opportunity to see a high level table top exercise conducted outside of Washington, DC and “played” by some of the most senior and experienced public health crisis response experts. The exercise will provide attendees with invaluable new insights and approaches to dealing with public health emergencies.

The registration rate for the Institute is \$100. Continuing education credits are expected to be available.



Visit www.coausphsconference.org/LeadershipInstitute.cfm for more information or to register.

2006 Election – COA Board of Directors

The PHS officers who serve as COA directors have an important job. Throughout their terms, through active participation on committees and in board meetings, they identify issues and problems for the Board's consideration. Their many hours of hard work help to accomplish the goals and mission of the organization. Their work is uncompensated but greatly appreciated.

COA's Board of Directors includes one member from each of these eleven categories: Dental, Engineer, Health Services, Nurse, Scientist, Medical,

Pharmacist, Environmental Health, Dietitian, Veterinarian, and Therapist. The Board also includes three retired officers, three field representatives, and one inactive reservist.

Board terms are for three years, beginning on July 1. Vacancies currently exist in six categories: Dental, Environmental Health Officer, Engineer, Field Representative, Retired Officer, and Scientist.

COA bylaws stipulate that only active-duty, retired, inactive reserve, and life members of COA are permitted to

vote. Please review the candidates' profiles and make your selections on the ballot printed in this issue of Frontline. Or, you may use the online ballot on our website at www.coausphs.org. Return your completed paper ballot by mail or fax (301-731-9084) to the COA offices (Attn: Teresa Oliver) by June 15. ■

In many cases, contested vacancies are won by a mere handful of votes. Your vote does count - please use it! Vote today for the PHS officers who will help guide your COA for the next three years.



OFFICIAL COA BOARD OF DIRECTORS VOTING BALLOT

(vote for one candidate per category)

Place check in column next to candidate name

Dental Category	
CAPT Ronald Bajuscak	<input type="checkbox"/>
Environmental Health Officer Category	
CAPT Kevin Meeks	<input type="checkbox"/>
Engineer Category	
CDR Nelson Mix	<input type="checkbox"/>
LCDR Geoffrey Wachs	<input type="checkbox"/>
Field Representative Category	
CDR Clint Chamberlin	<input type="checkbox"/>
CDR Jeffrey Derry	<input type="checkbox"/>
CDR Carrissa Sanchez	<input type="checkbox"/>
LCDR Debra Tubbs	<input type="checkbox"/>
Retired Officer Category	
CAPT Robert DeChristoforo (Ret.)	<input type="checkbox"/>
CAPT John Kutch (Ret.)	<input type="checkbox"/>
Scientist Category	
CDR Daphne Moffett	<input type="checkbox"/>

Name: _____ Member #: _____

Mail Ballot by June 15, 2006 to: Commissioned Officers Association • 8201 Corporate Drive, Suite 200 • Landover, MD 20785

CAPT Ronald Bajuscak

- Current PHS Position:** National Consultant FBOP Dental Category.
- Previous PHS Positions:** Dental Professional Advisory Chairman and Executive Committee member for seven years, national consultant.
- Professional Activities:** ADA Member, AAOM Diplomat, Arizona Dental Association, Associate Professor of Clinical Medicine, Clinical Adjunct Professor, UNC. Nominated to Arizona State Board of Dentistry by the Governor. Major OFRD Responder; nominated for Responder of the Year, 2005 and 2006.
- PHS Awards, Honors:** PHS Commendation, Achievement Medal, OUCx3, Crisis Response 4.
- COA Offices:** N/A

POSITION STATEMENT

The significance of the COA cannot be underestimated. Every good change and area of growth has come through this organization and without its strength I feel we might not even survive as an organization. The COA is the only association that brings us together as a Corps, advocates for us in Congress, and educates our rotating leaders who have no Corps knowledge and sometimes not even basic military knowledge. It is the only voice we as officers have and can get things accomplished. I cannot speak more highly about its significance. I have attended every meeting since my entry into the USPHS. I have been our category meeting leader numerous times as speaker, moderator and session planner, and serve routinely as chief mentor for every year's agenda and speakers.

CAPT Kevin Meeks

- Current PHS Position:** Director, DEHS, OCA-IHS
- Previous PHS Positions:** Assistant Director, OEHE, OCA-IHS
- Professional Activities:** COA Board Member, 2003-06; COA Board Chair, 2005-06
- PHS Awards, Honors:** Outstanding Service Medal, Commendation Medal, Achievement Medal, PHS Citation, Unit Commendation Medal, Crisis Response Ribbon, Isolation-Hardship Ribbon, IHS Director's Award.
- COA Offices:** National COA Board Chair, 2005-06, COA Board Member, 2003-06.

POSITION STATEMENT

It has been my distinct honor and privilege to serve as the EHO representative on the COA Board of Directors. I look forward to another opportunity to serve on the Board and continue to assist COA in addressing Commissioned Corps-related issues.

CDR Nelson Mix

- Current PHS Position:** I have been a Regular Corps Engineer Officer, assigned to the EPA's Office of Emergency Management in Washington, DC, since March, 2001.
- Previous PHS Positions:** I began my career with two junior COSTEP assignments, with the Indian Health Service, in AL and ME. My first extended active duty assignment was as a Field Engineer on the Navajo Nation in Ft. Defiance, AZ, with the Indian Health Service, for four years (1993-1997). My next position was with the EPA in Kansas City, KS, as a Federal On-Scene Coordinator responding to hazardous material emergencies and cleaning up Superfund sites (1997-2001).
- Professional Activities:** Besides being a member of COA since 1993, I am a lifetime member of ROA and AMSUS. I am also a member of the Society of American Military Engineers, and I served on their Board of Direction for two years while chairing their National Readiness and Homeland Security Committee.
- PHS Awards, Honors:** My individual awards include a CM, AM, and PHS Citation. My unit awards include an OUC and four UCs. I have been awarded two CRSAs, the BUC, and IOTC/BOTC ribbon. I was the EPA's PHS Commissioned Officer Engineer of the Year in 1999.
- COA Offices:** Treasurer, Navajo Chapter, 1995. I attended COA national meetings in 2001, 2002, and 2003.

POSITION STATEMENT

I read with interest each month COA Frontline from beginning to end, and I believe that people are the most important resource. I believe my career experiences and my current job, which involves delivering training and resolving human capital issues, coupled with my experience on the Board of Directors of a professional society with more than 20,000 members, have prepared me to serve on the COA Board as the Engineer Category Representative.

LCDR Geoffrey T. Wachs

- Current PHS Position:** (IHS Bemidji Area) Health Facilities Engineer Consultant - Rhinelander, Wisconsin.
- Previous PHS Positions:** (IHS Phoenix Area) Supervisory Facilities Management Engineer, Level II - Keams Canyon, Arizona. (IHS Billings Area) Supervisory Facilities Management Engineer, Level I - Fort Belknap, Montana. (IHS Portland Area) Facilities Management Engineer; Facilities Management Engineer, Portland, Oregon.
- Professional Activities:** Junior Officer Advisory Group (JOAG) voting member (September 2004 - September 2006); JOAG Engineer PAC Liaison; Engineer Professional Advisory Committee (EPAC); EPAC Subcommittees (Awards, Career Development, Information, Emergency Preparedness); EPAC 2006 COA Engineer Category Day Representative, Denver, 2006; EPAC 2006 Engineer and Architect Leadership Development Seminar (EALDS) Workgroup; EPAC Engineer Technical Capabilities Workgroup; EPAC Engineer Career Development CV Update Workgroup; EPAC Engineer Career Development Welcome Package Workgroup; EPAC Associate Recruiter Program (ARP). Member of Commissioned Officers Association (COA), Military Officers Association of America (MOAA), Reserve Officers Association (ROA), Society of American Military Engineers (SAME), International Facility Management Association (IFMA), American Society for Healthcare Engineering (ASHE), National Society of Professional Engineers (NSPE), Order of the Engineer.
- PHS Awards, Honors:** USPHS Achievement Medals, 2004 and 1994; USPHS Citation, 1992; USPHS Outstanding Unit Citation, 2001; Unit Commendation, 1999; USPHS Isolation and Hardship Ribbons, 2000 and 1997; Public Health Service Bicentennial Unit Commendation, 1998; USPHS Commissioned Corps

LCDR Geoffrey T. Wachs, continued

Training Ribbon, 2002. Association and Organization Awards – Commissioned Officers Association (COA), 1991; Reserve Officers Association (ROA), Life Member, 1992; Society of American Military Engineers (SAME), Life Member, 2003.

COA Offices: N/A

POSITION STATEMENT

As a USPHS Commissioned Officer, I have the desire to participate and the capability to serve, as evidenced by my participation in the JOAG, COA and EPAC. I will always support the Commissioned Officers Association mission to "improve and protect the public health of the United States by advocating for the Commissioned Corps and its officers." During the past three years of our transformation we have had many changes that have impacted and improved the Public Health Service Commissioned Corps. As a COA Board Of Directors Engineer Officer and COA Member, I will support the interests of the COA membership through representation and advocacy, keeping officers informed by disseminating information. I will support additional programs or activities to promote the interests of the USPHS and its officers. I hope you will vote for me to represent and serve the COA Board Of Directors – Engineer Officers as we continue to improve and support the active duty and retired COA membership and our entire fellowship of USPHS Commissioned Officers.

CDR Clint Chamberlin

Current PHS Position: Director, Health Promotion Officer, Food and Drug Administration, Office of Regulatory Affairs, Division of Human Resource Development.

Previous PHS Positions: Coast Guard Headquarters, Washington, DC (Environmental Health Officer); 14th Coast Guard District, Honolulu, HI (Safety and Environmental Health Officer); Maintenance and Logistics Command Pacific, Alameda, CA (Safety and Environmental Health Officer); Fort Lewis, WA (while serving in the Army, Detachment Commander and Division Environmental Science Officer).

Professional Activities: Ex-Officio Member and previous Chair, EHOPAC; Member and Diplomate, American Academy of Sanitarians; PHS Appointment Board, Member and Registered Environmental Health Officer, National Environmental Health Association; Member, Reserve Officers Association.

PHS Awards, Honors: Outstanding Unit Citations, 2002, 1999; Unit Commendations, 2005, 2002, 2002; Coast Guard and Army Commendation Medals (four), 2000, 1992; Coast Guard and Army Achievement Medals, 1996, 1994, 1992; Coast Guard – DOT Gold Medal, 1994; Coast Guard and Army Meritorious Unit Commendations, 1994, 1992; PHS Commissioned Corps Training Ribbon, 2005; PHS Special Assignment Award, 2003; PHS Crisis Response Service (two).

COA Offices: Conference Category Day Planner for EHO Category, 2005 and 2006.

POSITION STATEMENT

If elected, I would do my best to represent the EHO Category, promote the mission of the Corps, and serve the public health needs of our Nation. I would also serve as a sounding board for officers who would otherwise have a difficult time being heard. Like many officers, I expect to see many changes on the horizon with our new Assistant Secretary for Health and the Secretary's recent announcement on the Transformation initiative that is in full progress. As the past Chair of my Professional Advisory Committee, I was honored and proud to represent the nation's top environmental health professionals and would continue to do the same if I were elected to the Board of Directors.

CDR Jeffrey Derry

- Current PHS Position:** Mid-level Provider (Adult Nurse Practitioner), FBOP, FCC Butner, NC.
- Previous PHS Positions:** Mid-level Provider, DIHS, SPC El Centro, Staff Nurse, FCI Butner Mental Health Hospital.
- Professional Activities:** Nurse Mentor, American Red Cross Disaster Health Services member – Granville County, NC; FBOP NPAC representative (past).
- PHS Awards, Honors:** Field Medical Readiness Badge, PHS Citation x 2, Special Assignment Award, Hazardous Duty x 2.
- COA Offices:** Past-President, NC COA chapter (2001-2002).

POSITION STATEMENT

The Commissioned Officers Association has done much for the furtherance of Public Health in the United States. It has been a tremendous advocate for Commissioned Corps Officers and enhances our visibility with other uniformed services, Congress, and the public. COA coordinates our annual meetings, which provides a great opportunity for officers to get together every year and network. As a field representative, I would work to maintain our fine organization and provide a voice for the officers in the field. With the new transformation of the Corps, we need to be united and speak with a strong voice as the Commissioned Corps enters the Twenty-First century. I would appreciate your vote. Thanks.

CDR Carrissa Sanchez

- Current PHS Position:** Senior Nurse Manager, CH – Case Management Manager, Indian Health Service.
- Previous PHS Position:** Assistant Director of Public Health Nursing, Indian Health Service.
- Professional Activities:** American Nurses Association (ANA), Case Management Society of America (CMSA), American Association of Managed Care Nurses (AAMCN), Commissioned Officer Association (COA) National and Local, Reserve Officer Association (ROA), Minority Officer Leadership Committee, Interfaith Parish Nurse Association (IPNA), Secretary's Emergency Response Team (SERT), Member – Commissioned Corps Readiness Force (CCRF), Nurse Professional Advisory Committee – Mentor and Communications Committee Member (NPAC).
- PHS Awards, Honors:** Crisis Response Service Award (PHS), Isolated Hardship Award, Chief Nurse Officer Award – National Counsel of Nurse Administrators, Commissioned Corps Training Ribbon.
- COA Offices:** COA Local Chapter, Chinle, AZ, Secretary 2004-2005.

POSITION STATEMENT

I would like to submit my nomination for the COA Board opening in the upcoming field category. I am a Nurse currently stationed in Sitka, Alaska. I would bring a high level of motivation and esprit de corps to the position.

LCDR Debra Tubbs

- Current PHS Position:** (Dallas, TX) Nurse-USDHHS/OS/OCR Regional Nurse Consultant.
- Previous PHS Positions:** HRSA and CMS, both in Dallas, TX
- Professional Activities:** Chi Eta Phi nursing sorority, N-PAC listserv manager and member, NPAC civilian service committee
- PHS Awards, Honors:** PHS citation, Crisis response ribbons.
- COA Offices:** Secretary-Treasurer, COA Dallas Branch (currently).

POSITION STATEMENT

My experience, background, and leadership training received in the US Army would offer support, knowledge, and great work ethics in support of the mission of the COA Board as well as to my fellow USPHS Officers. My enthusiasm and willingness to serve as well as my ability to communicate, organize, and commit to task will be value added to the board. Other officers seek my support for resources and feedback on USPHS officer experience in their respective agencies. This opportunity would allow me to continue to serve, support, and assist fellow officers and the mission of COA.

CAPT Robert DeChristoforo (Ret.)

- Current PHS Position:** Deputy Chief, Pharmacy Department, Clinical Center, NIH.
- Previous PHS Positions:** San Francisco, Baltimore, and Boston PHS Hospitals (Division of Hospitals and Clinics).
- Professional Activities:** Active in committee work to ensure the safe handling and disposal of hazardous drugs.
- PHS Awards, Honors:** Outstanding Unit Citation, 2004; Unit Commendation, 2003; Achievement Medal, 2003; Commendation Medal, 1999; Unit Commendation, 1999; Outstanding Service Medal, 1998; Career Achievement Award in Pharmacy, 1994; Commendation Medal, 1990; Citation, 1987; Unit Commendation, Disaster Medical Assistance Team (DMAT), 1984; Hazardous Duty Ribbon, 1982.
- COA Offices:** Board Member (Pharmacy Category), DC Metropolitan Area Branch COA, 1996-2000; Past President, DC Metropolitan Area Branch, 1987-1988; President, DC Metropolitan Area Branch, 1986-1987; Vice President, DC Metropolitan Area Branch, 1985-1986.

POSITION STATEMENT

As a commissioned officer for over 33 years, including 2 COSTEP assignments, I am well aware of many of the challenges facing today's officers. I am committed to trying to fix the award system, which is not only cumbersome, but slow and non-responsive to officers' needs. At the same time, I want to ensure that retired officers who have given many years of dedication to the PHS are not forgotten.

CAPT John Kutch (Ret.)

- Current PHS Position:** Retired
- Previous PHS Positions:** National Health Service Corps, Dallas, Texas; Gillis W. Long Hansen's Disease Center, Carville, Louisiana; Red Lake Indian Hospital, Red Lake, Minnesota; National Health Service Corps, Rockville, Maryland; Federal Bureau of Prisons, Washington, DC; Parker Indian Hospital, Parker, Arizona; Winslow Indian Hospital, Winslow, Arizona, and Alaska Native Medical Center, Anchorage, Alaska.
- Professional Activities:** Representing clients in negotiation, conciliation and mediation. Affiliations with Dallas Museum of Art and Southern Methodist University.
- PHS Awards, Honors:** Outstanding Service Medal; Commendation Medal; PHS Citation; Hazardous Duty Ribbon; Foreign Service Duty Ribbon; Isolated Hardship Service Ribbon.
- COA Offices:** President, Bemidji Branch COA, Bemidji, Minnesota.

POSITION STATEMENT

COA exists to protect and promote the interests of its members. I have been a member of COA for over 35 years. During the past two years, a growing number of officers, myself included, have experienced ongoing difficulties with the Compensation Branch. Retired officers especially. The Compensation Branch is difficult to communicate with, makes unilateral decisions with questionable accuracy, and constantly uses the jaded bureaucratic ploy of sending officer requests to the Office of General Counsel at DHHS to languish for a year or longer awaiting an opinion. I've personally experienced incomplete answers, answers constructed to answer question that I did not ask, or the stall of deliberate indifference. COA does not have authority to compel the Compensation Branch to improve its services to officers. However, COA can conduct customer satisfaction surveys to evaluate the services that officers are receiving. At the end of September, 2005, I received a letter from the head of the Program Support Center in Rockville, regarding the Compensation Branch. The letter concluded "My office places a high value on providing outstanding customer service to all 5,400 retired officer accounts." To me, that letter reflected little more than a self-serving gratuitous assertion floating above customer accountability. Put your trust in Kutch by electing me to the COA Board of Directors in the Retired category. I will work for fair, equitable, and accountable customer service results from the Compensation Branch. I will work for the establishment of periodic COA-conducted surveys that will be used to evaluate customer satisfaction regarding services provided by the Compensation Branch, and notify the Program Support Center and concerned DHHS officials of survey findings, conclusions, and recommendations for change. Your vote for retired candidates who are sympathetic to officials in Rockville will not bring that about. Put your trust in Kutch and you will see positive change for requiring accountable customer service from the Compensation Branch.

CDR Daphne Moffett

- Current PHS Position:** Currently on detail assignment to CDC/NCIPC as Deputy Associate Director for Science in the Division of Unintentional Injury Prevention.
- Previous PHS Positions:** Director Grade Health Scientist at ATSDR, Division of Toxicology and Environmental Medicine; Senior Scientist Officer in the Office of Tribal Affairs at ATSDR.

CDR Daphne Moffett, continued

Professional Activities: Immediate Past Chair of SciPAC, immediate Past Chair of PAC Chairs, current SciPAC Science Subcommittee Chair, SG appointed member of SciPAC (second term), SG appointed member of AIANCOAC (second term), member of PHS/DHHS ORC Macro Edelman Resource Workgroup, past member of CDC CC-PAC, member of Native Researchers Network, member of Society of Toxicology.

PHS Awards, Honors: PHS AM, Citation, CRSA, Special Assignment award, Outstanding Unit, Unit award (multiple), IOTC, BUC, several CDC and ATSDR honor awards. Recipient of the Vice Admiral Koop Officer of the Year Award and the Junior Scientist of the Year award.

COA Offices: Member of local Atlanta chapter since 1999, current Treasurer for national COA and chair of the Finance and Property Subcommittee. Attended annual meetings in 2003, 2004, 2005; Category Day chair in 2003.

POSITION STATEMENT

I am currently the Treasurer for COA and I have served on, and chaired, several committees. COA is partnering with the agencies, the CC leadership, and with DHHS to make certain that positive choices are made for officers, whether those are transformation based issues, retirement issues, deployment issues or others. It has been a privilege to work in each of these areas. I would like to continue my service to my colleagues by advocating for PHS officers (active, inactive, and retired) as a member of the COA board. Therefore, I am seeking re-election to the position of Scientist Officer Representative to COA. Thank you.

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Aurora Borealis Elects New Executive Committee

By CDR Matthew Dixon

The Aurora Borealis Branch of COA has elected a new executive committee, including President-Elect, Treasurer, and Secretary. The President-Elect from the 2004 committee assumed the role of President.

Elections were held in September, with the race for Treasurer requiring a run-off election to determine the winner. The new committee made the transition formally at the October 26 COA meeting, where 2004 officers LT Kristen Maves (President), CDR John Coleman (Treasurer) and LCDR Charla Young (Secretary) handed off their responsibilities to incoming members. Plaques of appreciation were provided to all outgoing executive members at a separate ceremony, thanking them for their service.

President LCDR Robin Bassett served on the executive committee as President-Elect in 2004. She is familiar with ongoing activities of the Aurora Borealis COA and is fully prepared to assume the role of local branch COA President. LCDR Bassett currently works at the Alaska Native Tribal Health Consortium (ANTHC) in Anchorage as an Internal Medicine Case Manager. She holds a BS in Nursing and a certification in Case Management from the American Nurses Credentialing Center. LCDR Bassett came on active duty in 2003, and has participated in the 2004 and 2005 COA conferences and served as the Aide de Camp for the Surgeon General in 2003. LCDR Bassett is a strong leader, and wants to continue the longstanding tradition of supporting Commissioned Corps officers in all areas of Alaska, and to provide opportunities for officers to demonstrate and be recognized for officership.

Immediate Past President LT Kristen Maves has been active in COA since 2003, when she was elected President-Elect. She followed 2003 with a year as President in 2004, a year in which the Aurora Borealis Branch was awarded COA Branch of the Year. She now contin-

ues to advise the board in her capacity as Immediate Past President. She attended COA conferences in 2002, 2004 and 2005, and she has two Surgeon General running titles to her credit. LT Maves has a Doctorate in Pharmacy and currently serves as a clinical Pharmacist in the Telepharmacy Program at South Central Foundation (SCF) in Anchorage, an organization she has worked with since entering the Commissioned Corps in 2000.

Foundation. Before coming to SCF in 2002, LCDR Flaitz spent three years on the Cheyenne River Indian Reservation in Eagle Butte, South Dakota, working with the Lakota Sioux Tribe. He received his Fellowship from the American Academy of Optometry in December.

Secretary CDR Matthew Dixon is the Director of Central Engineering Services with the Division of Environmental Health and Engineering at ANTHC. CDR Dixon has a BS and an MS in Civil



Photo by LCDR Marilyn Dykes

President-Elect LCDR Patrick Bolte is a clinical Pharmacist at ANTHC, with supervisory responsibility for pharmacy technicians. He serves as the narcotics officer, and as a preceptor for pharmacy residents and students. He has also served as a mentor for pharmacy students at the University of the Pacific School of Pharmacy and Health Services. LCDR Bolte holds a Doctor of Pharmacy degree and is certified in pharmacy-based immunizations, and his first assignment was here at ANTHC, with a call to duty in 2003. He has been active in COA, including volunteering at Bean's Café and providing information on proper BDU wear for deployment.

LCDR Greg Flaitz, the new COA Treasurer, has a Doctorate in Optometry, an AAS in Ophthalmic Dispensing, a BA in Chemistry and a BS in Visual Science. He currently works as an Optometrist in Anchorage with Alaska Native Tribal Health Consortium and the Southcentral

Aurora Borealis Branch Executive Committee members from left to right: Treasurer LCDR Greg Flaitz, President Elect LCDR Patrick Bolte, President LCDR Robin Bassett, Immediate Past-President LT Kristen Maves, and Secretary CDR Matthew Dixon.

Engineering, and is licensed as a Professional Engineer. CDR Dixon spend seven years in private engineering consulting before moving to the Navajo Indian Reservation in Crownpoint, New Mexico in 1993, where he installed water and sewer systems for the IHS on the Navajo Indian Reservation. CDR Dixon moved to Anchorage in 1998 and has served in three positions with the Alaska Area IHS, and subsequently ANTHC.

The new executive committee has several initiatives ongoing, including a volunteer effort for donations to public broadcasting in Anchorage, a clothing
(See Aurora Borealis, page 19)

drive for homeless shelters in Anchorage, a junior officers' committee to support new Commissioned Corps members, a uniform committee to clarify and communicate uniform wear for Alaskan officers, and organization of a promotion ceremony for newly promoted officers. The group also is working to make Alaska's commissioned officers more visible, including the sale of Alaska Area IHS BDU patches, the sale of COA T-shirts with the new logo developed by the Immediate Past President, LT Kristen Maves, and plans for a deployment presentation to share with officers and other ANTHC and SFC staff the experience of those officers deployed to relief efforts during the 2005 hurricane season.

The Aurora borealis Branch of the COA has been very active and effective in past years. The new executive committee looks forward to continuing the tradition of supporting officers and successfully integrating them into the Tribal health systems at ANTHC and SCF, and supporting the Commissioned Corps officers throughout the State of Alaska. ■

Aurora Borealis Raises Money for Public Television

USPHS Commissioned Corps Officers of the Aurora Borealis Branch participated in KAKM-TV's public television pledge drive on January 30. Twenty officers answered telephones for three hours during a live broadcast and raised nearly \$5,000.

KAKM provides public service television every hour of the day, every day of the year, to viewers across Southcentral Alaska. The goal is to fill the airwaves with high-quality programming that can make a difference in our lives and in our communities. About 75 percent of the station's operating costs are paid by viewers and businesses in KAKM's broadcast areas.

We had a great time and are proud to have been able to promote this event beneficial to our community. ■

— Submitted by
CDR Judy L. Rose, Pharm.D.



Photo courtesy of CDR Judy L. Rose

Aurora Borealis members raised \$5,000 for the PBS station serving Southcentral Alaska. Chapter members shown here are, left to right, LCDR Angela Abshire, LT Tzu-Ching Liu, LT Steve Brum, CDR Dave Beveridge, LCDR Charla Young, and LT Melissa Laufenberg.



Photo by Steve Barrett

The Military Coalition

When it comes to legislative advocacy in Washington, DC, "coalition politics" is the name of the game. From the Air Force Association (AFA) to the Commissioned Officers Association (COA) to the Veterans' Widows International Network (VWIN), The Military Coalition (TMC) consists of 36 member organizations representing more than 5.5 million active-duty and retired members of the seven federal uniformed services and their families. Shown here are TMC leaders including COA Executive Director Jerry Farrell, third from left, top row.