

American Indian & Alaska Native Commissioned Officers Advisory Committee Newsletter

Winter 2020





PROTECT. PROMOTE. ADVANCE.

Mission Of AIANCOAC

The American Indian/Alaska Native Commissioned Officers Advisory Committee (AIANCOAC) was created by the Surgeon General and the Public Health Service (PHS) through the Minority Officers Liaison Council (MOLC) and is to advise and serve on issues relating to the professional practice and the personnel activities, USPHS Commissioned Corps, of the American Indian and Alaska Native professional. Working in collaboration with the MOLC, the AIANCOAC provides similar advisory assistance, upon request, to the Operating Divisions (OPDIVs) or Staffing Divisions (STAFFDIVs) of the Public Health Service, and to non-PHS programs that routinely use PHS personnel.

The MOLC is comprised of the four Core Minority Advisory Groups (CMAGs): American Indian/Alaska Native Commissioned Officers Advisory Committee (AIANCOAC), Black Commissioned Officers Advisory Group (BCOAG), Asian Pacific American Officers Committee (APAOC) and Hispanic Officers Advisory Committee (HOAC).



Photo by Bryce Olsen on Unsplash

A Message From The Chair

LCDR Shannon Saltclah, Diné (Navajo)



Yá'át'ééh (Hello),

I hope this newsletter finds you, your families, colleagues, and friends in good health and spirits. These are unprecedented times, and I want to thank you all for your dedication to serving your communities. You all have done your parts to protect, promote, and advance the health and safety of our Nation.

AIANCOAC is a unique committee with representation from many tribal nations. We work in all aspects of professional categories throughout the country, and have exceptional backgrounds and career journeys. Many of us share common values with having strong ties to our cultures, and the desire to improve healthcare services and access to American Indian/Alaska Native (AI/AN) communities.

I appreciate the contributions accomplished by our cohort of American Indian/Alaska Native Commissioned Officers Advisory

Committee (AIANCOAC) members, especially in a time of resiliency. Thank you for your commitment and dedication to serving in your professional role. I look forward to our upcoming conversations, cultivating new ideas, and fostering collaborations to enhance the mission of AIANCOAC.

I also like to welcome all new and retired officers to join our monthly meetings to learn more about opportunities to engage and support AIANCOAC. We welcome new ideas, and a space to connect/re-connect with fellow AI/AN leaders in the U.S. Public Health Service and throughout Indian Country.

Best wishes, good thoughts, and please remain safe during this time.

Ahéhee' (Thank you),

LCDR Shannon Saltclah
Chair, AIANCOAC
Centers for Disease Control and Prevention

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Meet Your 2020 AIANCOAC Leadership

Submitted by CDR Kari Wato



Chair, LCDR Shannon Saltclah

LCDR Shannon Saltclah, PharmD, BC-ADM, CPH is a member of the Navajo Tribe from Teec Nos Pos, AZ. She graduated from UNM College of Pharmacy in 2012 and worked as a Clinical Pharmacist at Tsehootsooi Medical Center (TMC) in Fort Defiance, AZ for 6 years. During her time at TMC she worked inpatient pharmacy and a variety of pharmacy-run specialty clinics including diabetes, tobacco cessation, asthma, and the anticoagulation clinic. In addition to clinical care, LCDR Saltclah was involved in many community outreach initiatives including a diabetes prevention program, community-clinical linkage projects and a 5k run/walk series. She enjoyed serving as a pharmacy preceptor for 4th year students and training new pharmacists and residents in the specialty clinics.

She is now a Program Coordinator and Project Officer for a Cooperative Agreement called Tribal Practices for Wellness in Indian Country (TPWIC) and Project Officer for Good Health and Wellness in Indian Country (GHWIC) at the Centers for Disease Control and Prevention. She works under the umbrella of the Healthy Tribes Program within the Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). She currently serves as Chair of AIANCOAC, was Vice Chair in 2019, Secretary in 2018, and Communications Chair 2017-2018. She enjoys mentoring, teaching, traveling to new places, playing softball, boxing, and hitting the greens for a round of golf.

Senior Advisor, CAPT Damian Killback

CAPT Damion Killback received his Doctor of Pharmacy Degree from the University of Montana located in Missoula, Montana in 2002, as the first pharmacist from the Northern Cheyenne Nation. He earned a Master's Degree in Public Health from American Public University in Charles Town, West Virginia 2014 Summa Cum Laude.

CAPT Killback has over 16 years of experience in clinical pharmacy, public health and administration, and working to address AI/AN health issues. CAPT Killback joined the Office of the Assistant Secretary for Health (OASH) – Office of Minority Health (OMH) as the acting Director for the Division of Policy and Data, and the American Indian/Alaska Native (AI/AN) health policy lead, in August 2018. Currently, he serves as Senior Advisor representing and advising OMH on intra- and inter-departmental working groups and committees, including

the HHS Secretary's Tribal Advisory Committee (TAC). Prior to joining OMH, he served as the Deputy Director for the Centers for Disease Control and Prevention's (CDC) Office of Tribal Affairs and Strategic Alliances (OTASA). As Deputy Director, he served as the CDC Tribal Advisory Committee's (TAC) co-executive secretary, responsible for the organization and oversight of biannual CDC TAC meetings as well as tribal consultation. Before his role with the CDC, CAPT Killback served as the Indian Health Service (IHS) Pharmacist and Health Professions Recruiter. He was responsible for national recruitment and retention initiatives. These efforts included strategies for IHS, liaison, and administrative official for the Uniformed Services University of Health Sciences (USUHS) medical officer training program.



Meet Your 2020 AIANCOAC Leadership

Submitted by CDR Kari Wato



Vice Chair, LCDR Amber Beardslee

LCDR, Amber Beardslee is a member of the Tlingit tribe from Southeast Alaska, from the Eagle/Wolf clan of Keex Kwan. She obtained her Doctorate in Physical Therapy from the University of Puget Sound in 2009 and is a dual Board-Certified Clinical Specialist in Orthopedics and Sports. She started her career at Northern Navajo Medical Center in Shiprock, New Mexico as a civilian completing her IHS Scholarship payback then commissioning into the Corps in 2013. She is currently working for

Southcentral Foundation in Anchorage, Alaska as a Clinical Supervisor for PT and OT. She has been involved with the Membership committee since joining AIANCOAC. She is also an active member of RDF-4 with the Logistics section – deploying several times over the past few year, most recently for the COVID-19 response.

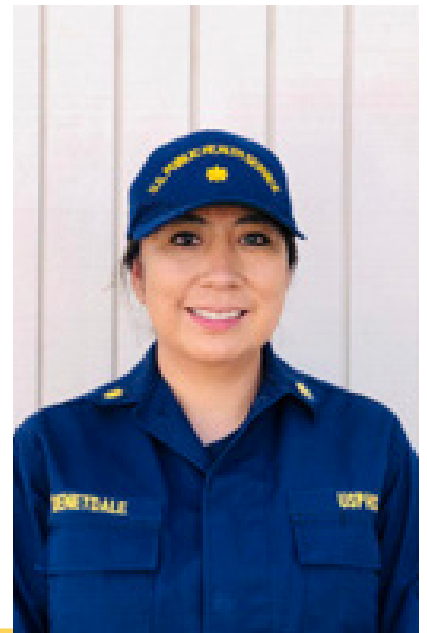
In her spare time, LCDR Beardslee enjoys adventuring with her 3 kids, coaching her boys in cross country skiing and basketball, and working with her family's horse business.

Secretary, LCDR Verdaleen Denetdale

LCDR Verdaleen Denetdale is Navajo and originally from Tohatchi, NM on the Navajo Nation. She has been on active duty with USPHS for 6 years and in the Dietitian Category. LCDR Denetdale currently works as a Senior Clinical Dietitian at Northern Navajo Medical Center in Shiprock, NM providing inpatient and outpatient nutrition services. She previously worked at Tsehootsooi Medical Center for 4 years as an Outpatient Dietitian. She recently completed her Master's in Health Administration from Drexel University (Class of 2020). She also received her Bachelor of Science degree in Nutrition from Drexel University and was the first Navajo student to graduate from Drexel University in Philadelphia, PA. She completed her dietetic internship with the Southwestern Dietetic Internship Consortium at Phoenix

Indian Medical Center and Kayenta Health Center. LCDR Denetdale has been a Registered Dietitian for 9 years. LCDR Denetdale is serving AIANCOAC with a three year Voting Member term as the current AIANCOAC Secretary, the Communication Co-Chair in 2019, AIANCOAC Newsletter Editor-in-Chief and volunteered with recruitments events at the COA Symposium.

LCDR Denetdale has 3 children (12, 10, and 8) and enjoys taking them to their sporting events such as volleyball, basketball and rodeo. She looks forward to continuing her work and recruitment for AIANCOAC.



Treasurer, LCDR Kenneth Stearns

LCDR Stearns is a citizen of the Chickasaw Nation. He graduated with his Pharm.D. from Southwestern Oklahoma State University in 2015 after attending Oklahoma State University for his undergraduate coursework. He recently graduated with his Master's in Healthcare Administration from Oklahoma State University. LCDR Stearns began his career in the USPHS during his PGY1 pharmacy residency at Claremore Indian Hospital in Oklahoma. Upon completion of his residency, LCDR Stearns transferred to the Chickasaw Nation to serve as the Pharmacy Clinical Applications Coordinator for the entire Chickasaw Nation Department of Health in Ada, Oklahoma; including the Chickasaw Nation Medical Center

in Ada as well as satellite clinics in Ardmore, Tishomingo, and Purcell. LCDR Stearns is now stationed at Western Oregon Service Unit in Salem, Oregon where he serves as a clinical pharmacist. LCDR Stearns achieved voting membership in AIANCOAC in 2017, has been involved with the Fundraising subcommittee, served as the Secretary, and is now the AIANCOAC Treasurer.

When LCDR Stearns is not working, he enjoys playing with his 4-year-old daughter and 1-year-old son, riding bicycles, traveling, building furniture/woodworking, and enjoying the great outdoors.

2020 AIANCOAC Honor Awards

Submitted by LCDR Melissa Schossow, LCDR Juliane Junes-Harvey and the Awards subcommittee



RADM Michael Weahkee, an enrolled member of the Zuni Tribe, is principal deputy director of the Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services. The IHS is the principal federal health care advocates and provider of health care services for American Indians and Alaska Natives. As principal deputy director, RADM Weahkee administers a nationwide health care deliv-

2020 Recipient of the RADM George Blue Spruce Jr. Flag Officer Award: RADM Michael D. Weahkee

In recognition of his dedication and inspirational leadership to change the culture of the Indian Health Service as the Principal Deputy Director.

ery program that is responsible for providing preventive, curative and community health care to approximately 2.6 million American Indians and Alaska Natives in hospitals, clinics, and other setting in 37 states. RADM Weahkee previously served as the chief executive officer for the Phoenix Indian Medical Center, the largest federally-operated facility in the Indian Health Service.

He was born in the Shiprock Public Health Service Hospital on the Navajo reservation and grew up as a direct service user of the IHS. He began his professional health care career in the United States Air Force, as a public health specialist. After completing his Bachelor of Science degree in Health Care Management from Southern Illinois Uni-

versity-Carbondale, he left the Air Force to pursue advanced hospital administration training, receiving both his Master of Health Services Administration and Master of Business Administration degrees from Arizona State University in Tempe, Arizona.

RADM Weahkee has also served in a variety of different roles at IHS Headquarters, including: executive officer for the Office of Clinical and Preventive Services; director of the Management Services, charged with management oversight of human resources, commissioned personnel support and program integrity and ethics for the agency. He is the recipient of several honors and awards, including three Outstanding Service Medals and two IHS National Director's Awards.



CAPT Damion Killsback received his Doctor of Pharmacy Degree from the University of Montana located in Missoula, Montana in 2002, as the first pharmacist from the Northern Cheyenne Nation. He earned a Master's Degree in Public Health from American Public University in Charles Town, West Virginia 2014 Summa Cum Laude.

CAPT Killsback has over 16 years of experience in clinical pharmacy, public health and administration, working to address Ameri-

2020 Recipient of the Dr. Taylor McKenzie Senior Officer Award: CAPT Damion Killsback

For administrative and professional contributions to the Office of Assistant Secretary for Health's Office of Minority Health that furthered the agency's mission at the National, Area and Service Unit levels.

can Indian/Alaskan Native (AI/AN) health issues. CAPT Killsback joined the Office of the Assistant Secretary for Health (OASH) – Office of Minority Health (OMH) as the acting Director for the Division of Policy and Data, and the American Indian/Alaska Native Health Policy Lead, in August 2018. Currently, he serves as Senior Advisor representing and advising OMH on intra- and inter-departmental working groups and committees, including the HHS Secretary's Tribal Advisory Committee (TAC). Prior to joining OMH, he served as the Deputy Director for the Centers for Disease Control and Prevention's (CDC) Office of Tribal Affairs and Strategic Alliances (OTASA). As Deputy Director, he served as the CDC Tribal Advisory Committee's (TAC) co-executive secretary, responsible for the organization and oversight of biannual CDC

TAC meetings as well as tribal consultation. Before his role with CDC, CAPT Killsback served as the Indian Health Service (IHS) pharmacist and health professions recruiter, responsible for national recruitment and retention initiatives and strategies for IHS and the liaison, administrative official for the Uniformed Services University of Health Sciences (USUHS) medical officer training program.

CAPT Damion Killsback is a member of the Northern Cheyenne Nation. He is a direct descendant of Chief Dull Knife. He is the oldest of six, son of Jacqueline Limpy Tang. He is married to his beautiful wife and partner, Danelle Killsback, and they have four children, Dalayah (23), Konner (21), Kamden (5) and Hattie (3).



LCDR Shannon Saltclah, PharmD, PhC, BC-ADM, CPH is a member of the Navajo Tribe from Teec Nos Pos, Arizona. She graduated from UNM College of Pharmacy in 2012 and worked as a Clinical Pharmacist at Tsehootsoi Medical Center (TMC) in Fort Defiance, Arizona for 6 years. During her time at TMC she

2020 Recipient of the Elizabeth Peratrovich Leadership Award: LCDR Shannon Saltclah

In recognition of her leadership performance in enhancing American Indian/Alaska Native communities through public health, administrative, and clinical services at tribal and national capacities.

worked impatient pharmacy and a variety of pharmacy-run specialty clinics including diabetes, tobacco cessation, asthma, and anticoagulation clinics. In addition to clinical care, LCDR Saltclah was involved in many community outreach initiatives including a diabetes prevention program, community-clinical linkage projects and a 5K run/walks series. She enjoys serving as a pharmacy preceptor for 4th year students and training new pharmacists and residents in the specialty clinics.

She is now a Program Coordinator and Project Officer for a National Cooperative Agreement called Tribal Practices for Wellness in Indian

Country (TPWIC) at the Centers for Disease Control and Prevention. She works under the umbrella for the Healthy Tribes Program within the Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).

LCDR Saltclah currently is the Chair of AIANCOAC and served past leadership roles as Vice Chair in 2019, Secretary in 2018, and Communications Chair 2017-2018. She enjoys mentoring, teaching, traveling to new places, playing softball, boxing, and hitting the greens for a round of golf.



Born and raised in Oklahoma, LCDR Venus Uttchin is a proud member of the Seminole Nation. After graduating from nursing school,

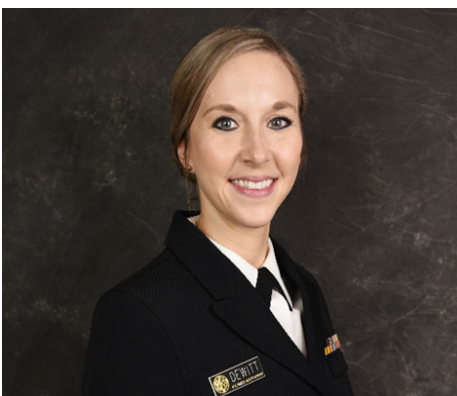
2020 Recipient of the Annie Dodge Wauneka Award: LCDR Venus Uttchin

In recognition of her leading a successful community-based program aimed at enhancing the health of Native American children and their families.

she worked at the Oklahoma City Urban Indian Clinic before becoming a Public Health Nurse at the Wewoka Indian Health Services Clinic which serves primarily members of her tribe. While there, she met many outstanding United States Public Health Service (USPHS) officers and learned about the mission and values of the Corps. She ultimately decided to join USPHS in 2014 and eventually moved to California two years later to become a Health Quality Review Specialist with the Centers for

Medicare & Medicaid Services (CMS).

She is actively involved with AIANCOAC and the Golden Gate Commissioned Officers Association. In addition to her Bachelor degrees in Psychology and Nursing, LCDR has also earned an MPH and is certified in both Public Health and Healthcare Quality. When she's not working or volunteering, she enjoys going to the beach, hiking, yoga, and spending time with her family.



LCDR Kayla Dewitt, a citizen of the Chickasaw Nation, was born in South Dakota, but grew up in Tuttle, OK. She attended East Central University in Ada, OK from 2006-2009. LCDR Dewitt received early admission into the University of Oklahoma Health Sciences after her junior year of college and also received an Indian Health Service scholarship. She was

2020 Recipient of the Junior Officer Award: LCDR Kayla Dewitt

In recognition of her outstanding contributions in the field of Physical Therapy benefitting the American Indian and Alaska Native communities of the Oklahoma City Area.

awarded a Bachelor of Science in Health Studies from the University of Oklahoma in 2010 and graduated with a Doctor of Physical Therapy degree in 2012. After graduating, LCDR Dewitt began working at the Oklahoma City Indian Clinic as their first physical therapist. LCDR Dewitt was responsible for determining equipment needs and developing the physical layout of the new Physical Therapy (PT) clinic. Since that time, she has expanded the clinic space a second time and increased staff while continuing to provide quality care. LCDR was commissioned as a LT (O-3) in the USPHS Commissioned Corps on August 9, 2013. Due to LCDR Dewitt's efforts, the number of patients receiving physical therapy services at OKCIC has greatly increased. She has devel-

oped several programs to increase PT services and awareness among patients and medical staff. Since becoming an officer, LCDR Dewitt has served on subcommittees for Junior Officer Advisory Group and Therapist Professional Advisory Committee, involved with PHS Athletics, a member of Commissioned Officers Association (COA), Oklahoma COA PHS Athletics Chair, and organized the 2016 Surgeon General's 5k run/walk held in Oklahoma City, OK. She was named one of Oklahoma's Next Gen Under 30 award winner in 2018. LCDR Dewitt has been happily married for 4 ½ years to Cody Dewitt and they have a 2 ½ year old son, Miles and a 4 month old daughter, Addison.

COVID-19 Response at Northern Navajo Medical Center

Submitted by CDR Kari Wato, LCDR Verdaleen Denetdale, and LT Brenda Riojas
Navajo/ Navajo/ Lipan-Apache Tribe

The Northern Navajo Medical Center (NNMC) in Shiprock, New Mexico is located in the Four Corners area of the United States. Approximately, 80,800 Native Americans are enrolled at NNMC. The hospital provides inpatient and outpatient services.

The NNMC Incident Command Team hit the ground running at the end of February 2020 and activated their emergency operation plans in response to COVID-19. Some of the response plans included:

- Created a 6 phased approach to account for expansion of services for COVID-19
- Screening patients entering the hospital facility
- Completing daily staff wellness checks in all departments

- Expanding inpatient bed availability for COVID-19 positive patients
- Universal face masks worn by all individuals entering the hospital facilities
- Drive through testing services in the Emergency Department
- Established a pharmacy drive through service
- Public health efforts for daily phone calls to COVID positive patients
- Mass media communications to the entire Shiprock Service Unit via phone calls, newsletter, and social media

Additional collaborative efforts with the Navajo Nation and Shiprock Northwestern High School included an Alternative Care Site for additional space needed to care for COVID-19 positive patients.

In May 2020, Rear Admiral Michael Weah-

kee and Rear Admiral Brandon Taylor visited Shiprock Service Unit during their tour of visits to the Navajo Nation. The Rear Admirals met with staff from local hospitals within Indian Health Service (IHS), tribal council members of the Navajo Nation and the Navajo Area Office Leadership to discuss the response to COVID-19. The employees from the Shiprock Service Unit had the opportunity to express the amount of work, progress, and gratitude they experienced during the COVID-19 response.

The cultural teachings have strengthened Native American communities to unite and work together to take care of each other. Ádaa áhójilyą (Take care of one another).



Top Row: CAPT Chandima Deegala, CDR Janet Hayes, CDR Kari Wato, LCDR Mark Bramblett, Kelley Clark, LT Jenna Cope, LT Brenda Riojas
Bottom Row: LDCR Jennifer Manning, Dr. Chris Percy, RADM Brandon Taylor, Dr. Kim Mohs, RADM Admiral Michael Weahkee, Regina Thompson, Gabriel Smart.

RADM Michael D. Weahkee: A Leader in Indian Health

Submitted by LCDR Tracy, Sanchez, Acoma Pueblo

On April 21, 2020, Rear Admiral (RADM) Michael D. Weahkee was confirmed by the United States Senate as the 10th Director of the Indian Health Service (IHS). RADM Weahkee is a member of the Zuni Pueblo in New Mexico. He was formally nominated to the position by President Trump in the fall of 2019 and had been serving as the Acting Director since 2017. The Indian Health Services is responsible for the delivery of medical, dental, social, preventative and behavioral care health services to over 2.6 million Native Americans/Alaska Natives. The agency employs over 15,000 employees.

Since RADM Weahkee has been in this key leadership position, he has advocated for the health-related interests of Native people and demonstrated his commitment to improving the quality of healthcare services and delivery. During his tenure, there has been increased recognition, additional support, and federal funding to improve longstanding social and health disparities that plague Native communities such as substance abuse, the opioid crisis, mental health/suicide rates, and most recently the COVID-19 pandemic. RADM Weahkee is widely visible throughout Indian Country. He participates in regular consultation sessions with tribal leaders, meets with IHS front-line staff working in the field, visits hospitals and clinics, and actively listens to patients and tribal communities who utilize and rely on the Indian Health Care System. In his advocacy for improving the overall health and wellbeing of Native people, he has called for increasing accountability throughout the agency and developing solutions to known challenges in efforts to reduce health disparities. He has also led the introduction of relationship-based care into the IHS, which is a focus on three relationships: our relationships between the health care team and the patients and families that we serve; our relationships with our fellow team members; and our relationships with ourselves (self-care). He has gained the support of tribes all across Indian



Country for his dedication and leadership. As the IHS Director, he delivers important testimony before Congress, serves as an Assistant Surgeon General, and advises on key issues related to healthcare for Native Americans and Alaska Natives.

The IHS Director is a critical position because it ensures continuity in leadership and ongoing efforts towards meeting the mission of the agency, which is “to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.” It takes a certain character and strong leadership to represent the interests of 574 federally recognized tribes, each of whom are unique, and with their own cultural practices and beliefs. The population served live across all geographic areas of our nation in a wide range of rural, semi-rural, and urban settings. The number of tribal members in each tribe varies widely, and each have challenges and needs specific to their region and community.

The Indian Health Service, including patients, staff, and tribal communities alike are very fortunate to have such a humble and genuine, strong advocate and leader working on behalf of all Native American and Alaska Natives. It is with great pride the AIANCOAC salutes RADM Weahkee and would like to acknowledge him for his leadership and inspiration to other Native professionals and Public Health Service Officers as he begins his term as the 10th Director of the Indian Health Service.

AIANCOAC Membership Nomination Process

Submitted by CDR Will Freiberg
Ponca Tribe of Nebraska

The American Indian/Alaska Native Commissioned Officer Advisory Committee (AIANCOAC) seeks motivated PHS officers to serve a three-year voting membership term beginning in January. This is a great opportunity for service and leadership development. Members who previously served as voting members of AIANCOAC are encouraged to self-nominate for a second term.

The AIANCOAC is one of four chartered minority advisory groups (CMAGs) that advises the Surgeon General, Minority Officers Liaison Council (MOLC), and other programs on American Indian and Alaska Native issues. AIANCOAC is comprised of 20 Voting members and 20 formal Advocate members. AIANCOAC currently meets every third Thursday of the month; travel is not required for membership, as virtual participation is available. Regular attendance at meetings is required. AIANCOAC Voting members are expected to actively participate in AIANCOAC activities to include chairing/co-chairing subcommittees or workgroups throughout the term of service. AIANCOAC Voting Members are selected by their peers every year and is a highly competitive process. Some of professional and personal traits AIANCOAC looks for in their Voting members include being fully committed to the AIANCOAC

mission, highly involved within AIANCOAC, leadership experience or potential and demonstrating the willingness to serve leading an AIANCOAC subcommittee or workgroup.

Basic Voting Member Eligibility Requirements and AIANCOAC Membership Goals:

- Must be a USPHS Commissioned Corps officer to self-nominate for appointment.
- Provide a broad representation of members among ALL agencies that are routinely staffed by American Indian and Alaska Natives.
- Ensure AIANCOAC does NOT consist entirely of all women or entirely of men.
- Ensure at least two individuals are geographically removed by a distance of 75 or more miles from the Washington D.C. Metropolitan Area.
- Ensure a minimum of one individual who at the time of appointment to the AIANCOAC has less than five years of professional experience.
- Ensure a diverse professional discipline composition. At least one voting member should be selected who possess the requisite credentials for each of the respective sub-disciplines.

A common question regarding membership is “Do I need to be American Indian or Alaskan Native to be a member?” A member does not need to have tribal affiliation to self-nominate! AIANCOAC is focused on diversification and building a group of junior and senior members that is mission oriented and dedicated to advancing AIANCOAC objectives (<https://dcp.psc.gov/OSG/aiancoac/charter.aspx>). There are additional opportunities to become active in AIANCOAC to consider if voting membership is not feasible:

- Advocate Member-formally supports the AIANCOAC mission, is a non-voting member but is expected to attend meetings and partake in subcommittee activities.
- To be considered for advocate membership, individuals must follow the self-nomination process but are not required to obtain supervisor endorsement
- General Membership-attends monthly meetings when desired on the 3rd Thursday of the month from 1300-1430 CST and are welcome to assist with subcommittee activities. Please reach out to individual chairs and co-chairs of our subcommittees for more information about current volunteer needs.



AIANCOAC Members and IHS Leadership at 2018 COF Symposium MOLC Awards Ceremony

- Listserv: Joint the AIANCOAC List-serv for regular updates <https://list.nih.gov/cgi-bin/wa.exe?SUBED1=AIAN-COAC&A=1>

Officers are encouraged to self-nominate by submitting the following items as one.

Be on the lookout every spring for membership announcements and upcoming deadlines! Nominations not submitted as one PDF file by the deadline will not be accepted.

1. A brief statement of interest in becoming an AIANCOAC voting member, to include a description of your past and current involvement with AIANCOAC

and any other PHS groups such as a PAC, JOAG, Ensemble, etc., leadership experience, vision for AIANCOAC, what you would like to accomplish during your term, and how you can further the mission of AIANCOAC (no longer than 1 page, using Times New Roman 12 pt. font, with 1-inch margins).

2. Two-page CV summary (different from your category-specific CV, see attached template).
3. Your supervisor's concurrence (utilizing the attached Supervisory Approval form).
4. General Membership Form (see attached fillable PDF form) selecting Voting Member or Advocate Member.
5. Screenshots of your readiness status

from RedDOG Self-Service showing you are Basic Ready in the last 12 months, and no reprimand letter on file.

2020 USPHS Promotion List

Submitted by CDR Janet Hayes, Diné (Navajo)

CAPT Julie Erb-Alvarez

Agency and Duty Station: NIH, NIH Clinical Center/NHLBI, Bethesda, MD
Category: Health Services
Tribe: Cherokee

CAPT Geri Tagliaferri

Agency and Duty Station: IHSC, IHSC/ERO/St. Paul Field Office Minnesota, St. Paul, MN
Category: Nurse
Tribe: Lac Courte Oreilles Band of Lake Superior or Ojibwe
* EPP

CDR Karly Lucero

Agency and Duty Station: DHS, IHSC Headquarters, Fairfax, VA
Category: Nurse
Tribe: Red Cliff Band of Lake Superior Chippewa

CDR Ryan Thrasher

Agency and Duty Station: IHS, Pawnee Indian Health Center, Pawnee, OK
Category: Health Services
Tribe: Choctaw Nation of Oklahoma

LCDR Debra Belgarde

Agency and Duty Station: Tribal, Spirit Lake Health Center, Fort Totten, ND
Category: Nurse
Tribe: Turtle Mountain Chippewa

LCDR Cherilynn Benally

Agency and Duty Station: IHS, Northern Navajo Medical Center, Shiprock, NM
Category: Nurse
Tribe: Diné (Navajo)

LCDR Aaron Clark

Agency and Duty Station: IHS, Tsehootsooi Medical Center, Fort Defiance, AZ
Category: Pharmacy
Tribe: Diné (Navajo)

LCDR Melissa de Vera

Agency and Duty Station: IHS, Minnesota District Office, Division of Sanitation Facilities Construction, Bemidji, MN
Category: Engineer
Tribe: Rocky Boy

LCDR Jen Eng

Agency and Duty Station: FDA, Baltimore, MD
Category: Health Services
Tribe: None

LCDR Laura McCluney

Agency and Duty Station: IHS, Four Corners Regional Health Center, Teec Nos Pos, AZ
Category: Pharmacy
Tribe: Choctaw Nation of Oklahoma

LCDR David Walker

Agency and Duty Station: NPS, National Capital Area Office, Washington, DC
Category: Engineer
Tribe: Seminole Nation of Oklahoma



Hand Hygiene and Promotion of Healthcare Professions for Native American Students

Submitted by LT Bobi Tallman, Member of the Confederated Tribes of the Umatilla Indian Reservation in Pendleton, OR and descendant of Confederated Tribes and Bands of the Yakama Indian Reservation in Toppenish, WA

On March 5, 2020, a group of Native American healthcare professionals were invited to present at the Sovereign Community School located in Oklahoma City, OK to promote professions in health care to Native American students. Sovereign Community School, established in 2019, consists primarily of Native American students and enrollment includes 6th grade through 9th grade. Principal Matthew Wilson collaborated with multiple Native American professionals to represent a variety of healthcare facilities in distinct settings, such as: tribal organizations (Cherokee Nation EMS, Chickasaw Nation, Absentee-Shawnee Tribe); the private sector (Air Methods); and federal entities [Air Force, United States Public Health Service Commissioned Corps (USPHS) - where the officer is stationed at an Indian Health Service facility in Oklahoma (Claremore Indian Hospital)]. The presentations promoted healthcare professions in the Native American population by elaborating on each representative's discipline and the various pathways taken to achieve their goals in health care.

LT Bobi Tallman discussed her career as a nurse in the U.S. Public Health Service and how important the USPHS is in protecting, promoting, and advancing the health and safety of our nation. LT Tallman also provided a National Prevention Strategy (NPS) Prevention through Active Community Engagement (PACE) activity and an educational presentation on hand hygiene. Approximately 48 students were in attendance, along with school administration and teaching staff. In the 2020-2021 school year, Sovereign Community School will expand the student population to include 5th and 10th grades.



L-R: Matt Wilson (Principal of Sovereign Community School), Absentee Shawnee Tribe Health Representative, Thompson Hornett (Air Methods RN, Paramedic-EMT), Dianne Schaff (Medic/Dental Asst Air Force), LT Bobi Tallman (IHS RN).

Thinking Outside the Building—Curbside Pharmacy Anticoagulation Visits

Submitted by CDR Linzi Allen, (Cherokee Nation)

Early in the coronavirus disease (COVID-19) response, the pharmacy staff at Cherokee Nation Outpatient Health Clinic/W. W. Hastings Hospital (CNOHC/WWH) was tasked with providing care to their patients while minimizing risk of exposure to COVID-19. Changing the workflow was not a new task for this team who had just relocated the pharmacy to a new facility without any reduction in open hours or increase in pharmacy wait times. The clinic workflow at CNOHC was complicated by the location of the COVID-19 screening clinic, which only enabled access to the pharmacy through a rear staff entrance or the drive-thru. It was quickly decided that the patients would be counseled via telephone and medications handed out through the drive-thru, but innovative thinking would be needed to continue the pharmacy-based anticoagulation and diabetic clinics.

There was discussion about re-locating the pharmacy clinics to another area of the building or having the patients come in to have a lab draw performed. However, these options did not align with the pharmacy goal of minimizing patient exposure so it was decided to provide curbside anticoagulation visits and to conduct the diabetic clinic visits via telephone or Zoom.

The curbside anticoagulation patient appointments were initially managed with one pharmacist conducting the entire visit; however, due to patient volume this strategy was inadequate and second pharmacist was needed. The final process involved one pharmacist going out and checking the INR and another pharmacist conducting the telephone visits. Adverse weather proved to be a challenge, nevertheless the pharmacy staff persevered and utilized umbrellas and tents to meet the patient needs.

The success of this adventure is evidenced by the patients' smiling faces greeting staff in the parking lot, a lack of disruption in patient visits, and patient request to continue this visit format after the pandemic is over. While the curbside anticoagulation visits are unlikely to be a long-term service, the telephone diabetic visits have resulted in reduced no-shows rates, which allowed staff to identify potential multimodal opportunity to better serve the patient population.



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