

## COA Photo Contest Winners



3rd Place: LT Alati Wasson adds to her resiliency bucket by taking in the view at Knight Island, Prince William Sound, AK. LT Wasson was participating in a virtual PHS Athletics event.

by CDR Wanda Wilson-Egbe, DVM, MPH, Dipl. ACVPM and CDR Katie Jacques, PT, DPT, OCS, CAHA

COA held a photo contest to celebrate the resiliency of America's Health Responders, the USPHS Commissioned Corps! The theme focused on active duty and retired public health officers engaging in activities that promoted and protected the health of the nation. The goal was to raise awareness of the important work that our health professionals perform every day.

Since the beginning of the COVID-19 pandemic, the world has experienced a turbulent time. With the illness and losses of family, friends, and colleagues,

our lives were impacted on many fronts. We were all called to change our patterns of behavior at home, work, and play. Herculean efforts were made across all levels of government, industry, private sector, and local communities to combat the virus through quarantine, mask wearing, frequent hand washing, and physical distancing. In response to overwhelming challenges, the USPHS Commissioned Corps stood on the frontlines by providing a rapid and effective response, demonstrating leadership in public health practice and making critical advancements in public health science.

see **PHOTO CONTEST** continued on page 18

from the  
Executive  
Director



Jacqueline Rychnovsky,  
PhD, FAANP, CAE  
Captain (ret.), Nurse Corps, US Navy

### The Value of a DD214

At COA headquarters we continue to hear from members who are denied veteran benefits because of an inability to submit a DD Form 214 (DD214) as proof of active duty service. For background, all members of the Armed Forces, including the Coast Guard, are issued a DD214 at the time of separation from active duty. The DD214 identifies the veteran's condition of discharge - honorable, general, other than honorable, dishonorable, or bad conduct. Additionally, the DD214 includes home address at time of entry, date and place of release from active duty, home address after separation, last duty assignment and rank, military job specialty, military education, decorations, medals, badges, citations, and campaign awards, total creditable service, foreign service credited, and re-entry eligibility codes.

Separating and retiring members of the U.S. Public Health Service (USPHS), the National Oceanographic and Atmospheric Administration (NOAA), and the National Guard (NG) don't receive a DD214 but rather are issued a PHS Form 1867-Statement of

see **EXECUTIVE DIRECTOR** on page 16

# COA Member Benefits

## Capitol Hill Representation

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

## Local Representation

COA Local Branches provide venues for meeting fellow officers and a forum for the discussion of issues within the Commissioned Corps

## Newsletter

Newsletter reports on monthly activities and items of interest about the Corps and COA

## Ribbon

Authorized to be worn on the PHS uniform by members in good standing when attending COA functions

## Insurance Programs

Low-cost insurance programs that may continue as long as your membership in COA remains current

## USF Online Programs

Discounted degree and certificate programs like PhD, DrPH, MPH, MSPH, MHA

## NYMC Online MPH

50 percent discount for the online MPH and certificate programs

## Scholarship Program

College scholarships for children and spouses of COA members

## USC Keck School of Medicine

Tuition discount for Master of Public Health degree

## The Ohio State University

In-state tuition for graduate nursing and certification programs



# Running with a Purpose



From left, Steve Mills, CDR Danielle Shirk Mills, and LCDR Illecia Benefield

*"Not having any family in the immediate area, I thought this was a great opportunity to continue building personal and professional relationships with colleagues near and far. I've never participated in any distance running, so it was amazing to see so many officers that had participated in similar events in the past as well as their willingness to recruit new officers." - LCDR Illecia Benefield*

by CDR Danielle Shirk Mills, MPH, CIH, REHS; CDR Pieter Van Horn, MPAS, PA-C; and LCDR Illecia Benefield, MPH, BSN, RN

As LL Cool J once sang, "Don't call it a comeback." After a year's hiatus due to the global pandemic, officers are eagerly getting back into the spirit of camaraderie and showing their esprit de corps. The Surgeon General's 5K Virtual Run offered just the chance to do that.

Hosted by Gone for a Run, the 2021 theme was "Defending public health, one step at a time." Registration was \$27 and included a bib, medal, and t-shirt with original art created to honor all the PHS officers who battled the novel coronavirus. There were even discount codes for COA members. Officers were eligible for credit through PHS Athletics.

Beyond the swag and encouraging cardiovascular exercise, events like the SG5K provide an opportunity for USPHS officers from both isolated and populated areas to connect with one another and bond. That engagement can be crucial, especially across small duty stations. According to Christine Riordan in the Harvard Business Review (2013), camaraderie promotes a group loyalty

that results in a shared commitment to and discipline toward the mission. Camaraderie at work can help to build mutual respect, a sense of identity, and push colleagues to achieve outcomes.

People in organizations must work together. As a result, managers and employees must encourage collaboration, trust, personal relationships, fun, and support among their colleagues. Employees and managers will have problems in cultivating these human interactions in an increasingly global and virtual world. It takes conscious effort to foster friendships. A happy and engaged team is one method to create a pleasant environment. Companies with a highly engaged workforce experience a 41% decrease in absenteeism and a 17% boost in productivity (Lamb, 2017). Gallup's 2016 State of the American Workplace found "when employees possess a deep sense of affiliation with their team members, they are driven to take positive actions that benefit the workplace — actions they may not otherwise even consider. The best employers recognize that people want to build meaningful friendships and that workplace loyalty is built on such relationships."

# COVID-19 Mass Vaccination Preparation in Oregon

by LCDR Steven Essien, MSN, BSN, RN  
U.S. Public Health Service

Since the onset of the COVID-19 global pandemic, the development and execution of vaccination against severe acute respiratory syndrome has remained a highly awaited countermeasure to the disease. The spread of the virus prompted a global race to distribute and develop one or more feasible vaccines. However, achieving the challenge of developing vaccines has been matched by hurdles in distribution. My involvement in an incident command team running a mass point-of-dispensing vaccination center taught me the importance of proper preparation.

I was involved in a two-day mass vaccination in an American Indian community of 2,200 people. The community comprised 561 persons aged between 65 and 75 years and 200 individuals aged 55 to 65 years with comorbidities. Some COVID-19 research shows the presence of comorbidities amplifies the probability of coronavirus infection (Gillepsie, 2021). In the case of an infection, the underlying comorbidities lead to the increasingly severe and rapid infection progression, often resulting in death (Gillepsie, 2021). Similarly, older adults are identified as having a greater risk of severe illness, dying, or requiring hospitalization if diagnosed with COVID-19 (CDC, 2021). With this knowledge, older populations' vaccination with comorbidities seemed an effective strategy.

Moreover, 220 individuals within the targeted mass vaccination population had a body mass index (BMI) above 35, indicating obesity. The presence of obesity made this population a priority for mass vaccination. Besides, Kompaniyets et al. (2021) discovered individuals with BMIs near the threshold between overweight and healthy weight have the lowest risks of COVID-19 severity. Oppositely, people with higher BMIs are associated with severe COVID-19 outcomes, including death, invasive mechanical ventilation, step-down unit or intensive care unit admission, and hospitalization risk (Kompaniyets et al., 2021). As such, populations with high BMI are identified as requiring COVID-19 vaccine prioritization.

Other health issues registered in the targeted mass vaccination population were diabetes mellitus and chronic kidney disease. Specifically, 220 persons had been diagnosed with diabetes mellitus, whereas 220 more individuals had chronic kidney disease. Additionally, 65 persons were registered to have had an organ transplant. Identification of these health problems during the mass vaccination preparation informed the incident command members of the importance of prioritizing these persons during the vaccination execution. Existing studies on the subject matter back this decision. Particularly, Lim et al. (2020) uncovered increase COVID-19 severity in persons diagnosed with diabetes mellitus. Similarly, chronic kidney disease, especially in older adults, is linked to a higher risk for more severe COVID-19 cases (National



From left, LCDR Steven Essien, LCDR Toni Hallman, LCDR Willis Steertz



From left, LCDR Steven Essien, LCDR Toni Hallman, LT Kimberly Rivers, LCDR Willis Steertz

Kidney Foundation, 2021). Therefore, the mass vaccination preparation was essential for understanding the target population.

Adequate preparation also results in a smoother delivery process. In the American Indian community, proper preparation enabled the incident command to appropriately vaccinate 1,000 individuals within two days without sacrificing safety standards. Medical professionals were spaced out to ensure that qualified personnel responded quickly to any patients suffering from adverse reactions. Luckily, no significant reactions occurred.

Preparation also played a critical role in the post-vaccination assessment of individuals. Education provided before shots began

see **VACCINATION** continued on page 13



# PHS COMMISSIONED OFFICERS FOUNDATION *for the* Advancement Of Public Health

## Confronting Disinformation

by Rear Admiral Steve Solomon, MD, FACP,  
FIDSA, USPHS (ret.)

Numerous reports over many years have documented a lack of funding as a vulnerability that could lead to a public health crisis in the United States. As we hope that the COVID-19 pandemic has focused decision-makers' attention on that need, we now also have to deal with two additional emergent problems that can hinder public health actions in the future.

The rising tone and volume of criticism about the way we convey public health messages, currently focused on CDC but encompassing all public health organizations, requires that we reexamine some basic assumptions about health communication. We've long relied on a variety of educational and behavioral change theories, often simplified as KAB—knowledge, attitude, and behavior—to guide us in outreach for public health interventions. We believed that providing accurate, evidence-based information from trusted sources would lead people to make good decisions about their own health.

We have learned, the hard way, that there is no agreement on what accurate information is. Anyone, and from anywhere, can promulgate the most egregious falsehoods and misinformation on social media and reach millions of people before the public affairs office of the health department has cleared the latest publication or press release. We've also found that we no longer have any consensus on who or what is a trusted source. A surprising number of people seem to have more faith in cable news presenters and their Facebook friends than in established public health authorities.

We have relied on the publication of peer-reviewed scientific papers to share knowledge with health professionals, along with thoughtful, lay language synopses of those papers to share information with the public. A kind of "future shock," brought about by social media, cable news, prepublication release of research, and tsunamis of data and reports of varying reliability, has thrown our traditional communication methods into disarray.

Social marketing has been defined as "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society." This approach was used with success, and sometimes with controversy, to reduce cigarette smoking and curb drunk driving. Targeted and aggressive messaging, including the use of graphic and sometimes disturbing images, and emotional testimonials from affected individuals, helped create social disapproval for behaviors that caused personal and societal harm. This social disapproval led to support for interventions such as higher taxes on tobacco, smoking bans, more stringent legal penalties for DUI, and other legislated actions that restricted negative behaviors and promoted positive behaviors.

Since those successes, opponents of public health actions have used marketing to limit or prevent implementation of things like sweetened beverage taxes and standards for advertising unhealthful foods to children. The rallying cry of individual choice and personal freedom has been particularly effective in

blocking attempts to address the obesity crisis.

In public health we have sometimes been reluctant to fully embrace marketing as such, partly out of concern that it suggests manipulation and the sales of products and, partly perhaps, because it is the technique used by those whom we consider adversaries to the health and welfare of the public.

Right now, it is not just specific public health interventions that are under attack, but the fundamental basis of public health itself. Verbal and at times physically threatening attacks on public health officials and workers are continuing. Some of the foundational principles of public health—such as the commitment to protecting and improving population health through governmental action and intervention—are being called into question. The idea that there is a common good that may take precedence over individual opinions and prejudices no longer seems well-accepted. The most immediate and exigent example of this is the rejection of, and outright hostility toward, vaccination—listed by CDC in 1999 as the most impactful public health achievement of the 20th century—which has evolved from a fringe movement into the basis of an ideological crusade.

Using new communication and marketing techniques to change attitudes and promote healthy behaviors, responding rapidly and aggressively to disinformation and misinformation, and being completely transparent in what we know, don't know, believe and fear may or may not work to make people healthier and help restore trust in public health. We won't know until we try.

# Meet the New COF Trustees

by Robert J. Tosatto, R.Ph., M.P.H., M.B.A.  
Captain (ret), USPHS



**Karen Watkins** is the Director, Strategic Accounts National Federal Team at Johnson & Johnson Healthcare Systems, and has over 20 years of diverse cross functional healthcare experience with integrated payer/provider delivery networks, the Federal Government, and the U.S. Public Health Service. She possesses a strong passion for the advancement

of public health that includes advocating for Veterans and indigenous populations. She is skilled in public health, health care reform, supply chain, leadership, and management. She shapes and leads ethical strategic partnerships to support the highest standard of patient care, education opportunities, and systemic value that promote the mission of the PHS Commissioned Corps and overarching importance of public health.

Ms. Watkins is a member of the Commissioned Officers Association of the USPHS, an AMSUS Sustaining Member, Co-Chair of the Society of Federal Health Professionals PHS Committee, Coalition for Government Procurement, and American College of Healthcare Executives, Diversity, Equity & Inclusion Committee. Her advocacy leadership at Johnson & Johnson includes the Alliance for Diverse Abilities, Mental Health Diplomats, and Chair of the Veterans Focus Group. She earned an Executive Master of Health Administration degree in 2019 from The George Washington University Milken Institute School of Public Health. In 2020, her leadership was instrumental for Johnson & Johnson Healthcare Systems as an inaugural recipient “Tip of The Spear Industry Federal Leadership Award.”



**RADM (ret) Pamela Schweitzer** retired in 2018 after a four year term as the PHS Chief Pharmacist Officer. The first female in this role, RADM (ret) Schweitzer was responsible for providing leadership and coordination of more than 1,300 PHS pharmacy officers in the Department of Health & Human Services and outside agencies. Her 29 year career in

federal service included assignments at the Centers for Medicare and Medicaid Services (CMS), Indian Health Service (IHS) and the Veterans Health Administration (VHA). While at CMS, she worked with states on modernizing their Medicaid eligibility and enrollment systems, drug pricing and public health. During her time with Indian Health Service, she was the national transformation lead for transitioning from paper to electronic medical records, the national lead for the IHS-VA mail-out partnership project involving the IHS transferring prescription refill workload to the VA Consolidated

Mail Outpatient Pharmacy and implementing processes to improve health and the healthcare system. Since retiring, RADM (ret) Schweitzer continues working on a number of public health related projects, improving health and access to healthcare in rural communities, interoperability and reimbursement for clinical services.

RADM (ret) Schweitzer received her Bachelor's degree in Biological Sciences from California State University Fullerton, earned her Doctor of Pharmacy from the University of California San Francisco School of Pharmacy, and completed an Ambulatory Care/Administrative Residency at University of California Irvine Medical Center. RADM (ret) Schweitzer has been recognized for her leadership contributions, including the American Pharmacists Association Distinguished Federal Pharmacist Award, the USPHS Mary Louise Anderson Leadership Award, the University of California San Francisco School of Pharmacy 2015 Distinguished Alumnus, American Society of Health-System Pharmacists William Zelman Lecture Award, National Council for Prescription Drug Program Champion Award, the Surgeon General Exemplary Service Medal, and the 2019 ASHP Distinguished Leadership Award.



**RADM (ret) Kerry Nessler** has held numerous leadership positions to uphold and carry out the PHS mission to protect, promote and advance the health and safety of our Nation. She served in IHS and was awarded the first Lucille Woodville Memorial Award for her maternal and child health work for Indian women, infants, and families. Upon relocating to CDC in

Atlanta, she assisted in building the State-based Title XV National Breast and Cervical Cancer Early Detection Programs from a pilot project in four states to a National/State/Jurisdiction/IHS based program. She has subsequently held high level positions in HRSA's Maternal and Child Health Bureau, where she assisted in creating the first National performance and outcome measures for Title V grantees. She was the first woman (and nurse) to serve as HRSA's Director for the Bureau of Health Professions (includes most federal training dollars for primary care physicians, nurses, and allied health, as well as the National Health Service Corps). Her final tour as the Director of HRSA's Office of Global Health allowed much collaboration with the U.N., WHO, PAHO, PIHOA, and global nursing organizations. In addition to her HHS Agency leadership roles, RADM (ret) Nessler served a four-year term as the USPHS Chief Professional Officer for Nursing, Chair of the Chief Professional Officers' Board, Chair of the Surgeon General's Professional Advisory Council, and Chair of the COA National Board of Directors.

RADM (ret) Nessler earned a Bachelor of Science in Nursing from the University of San Francisco and a Master of Science in

see **TRUSTEES** continued on page 10



# Board of Directors

## Charging Forward in a New Normal

by CDR Kelly Valente, PharmD, USPHS

June 30 was a day many of you will never forget where you were. Our promotion rates plummeted to an all-time low and with that, so did our esprit de corps. After a year where the workload was the highest it has been in the past 100 years, making it to the next rank seemed just as hard as gaining entrance to an Ivy League university.

So, what happens next? How can non-promoted officers grieve, heal, and move forward in this new landscape? It is no secret we have been perceived as a top-heavy service for many years. If, in the years to come, the promotion rates remain as single digits, then how can officers feel valued and supported?

In the last two weeks, I went out on a journey to talk to officers who were successfully promoted. Many had mixed emotions. They were happy and relieved all their hard work paid off, yet sad for colleagues not selected. Some also questioned the number of Exceptional Proficiency Promotions when the number of available spots is limited.

I write this article as an officer who has been passed over many times. I have moved out of my comfort zone. I have done a Permanent Change of Station to four states and two agencies. I have

woken up at 3 a.m. to work on hitting benchmarks. I have worked 16-hour days in a hard to fill position. I have traveled, deployed, and been away from my family for long periods of time. I have been alone in new towns with no friends or connections and had to start over to obtain high impact, high outcome work.

After 22 years of service, I too am questioning my future in the Commissioned Corps. I hope the promotion decisions are worth the risk. I fear that, with no incentives for high quality work, our service's stellar performance will decrease. I fear dejected officers won't be as positive about the Corps when recruiting and new accessions will suffer. No one wants to volunteer to advertise for a service where they do not feel supported. I fear officers will lose their grit and tenacity.

I am concerned about the wellness of officers who were not promoted. I encourage my colleagues to talk through your feelings and reach out to Corps Care or your agency's employee assistance program. We have no base with a Morale, Welfare and Recreation Program and no officers' club. However, we do have the Commissioned Officers Association as a network of both retired and active-duty officers to lean on for support.



As we charge forward, I ask a few things. Please be kind to one another. Realize officers may need space right now and are not ready to have their packet reviewed for next year. Please take time for yourself. Enjoy the summer weather and exhale. Finally, please do not resort to questionable activities to get above the cutoff. This a time where we need to boost each other up and not squash the competition.

The Commissioned Officers Association cannot change this year's decision. However, we will advocate to leadership on your behalf for transparency and education about future decisions when it comes to promotion and other morale efforts. I want to thank all the officers who came together to support each other. I cannot believe the amount of people who reached out to me because my name was not on the list. I am humbled by everyone's thoughtfulness and kindness. This is what the Commissioned Corps is all about, fellowship and comradery. I hope charging forward in this new normal, that does not falter.

# COA Board of Directors: Meet the Newest Members

by CDR Wanda Wilson-Egbe, DVM, MPH, Dipl. ACVPM  
and CDR Katie Jacques, PT, DPT, OCS, CAHA

The COA Board of Directors is very pleased to welcome our newest members. We anticipate that your skills and experience will be an asset to the association and look forward to working with you. Thank you for your willingness to help serve to protect and enhance the public health and safety of the United States by supporting and advancing the interests of the Commissioned Corps and its officers.



*CAPT (ret.) Alan Echt, DrPH, CIH  
Retired Officer Representative*

Captain (ret.) Alan Echt served as a commissioned officer for 30 years. He earned a BS in psychobiology from the University of California at Riverside, an MPH in industrial hygiene from the University of Michigan, and a DrPH from the University of Kentucky. He has been a Certified Industrial Hygienist since 1989 and has more than 35 years of experience in a variety of industries.

As an Environmental Health Officer, CAPT Echt spent his entire USPHS career at the National Institute for Occupational Safety and Health (NIOSH) in Cincinnati, Ohio. In his last position, he was a senior research industrial hygienist with the NIOSH Office of Construction Safety and Health. CAPT Echt served on the COA Legislation and Benefits committee for several years and recently rejoined that committee, which was renamed Legislative Affairs. He has worked on advocacy efforts for Commissioned Corps parity, including expanding Ohio's armed forces retired pay income tax exemption to include all eight uniformed services, Ohio military license plates that recognize the Commissioned Corps, Post-9/11 GI Bill transferability, and including the Commissioned Corps in military whistleblower protection.



*CAPT Margaret Riggs, PhD,  
MPH, MS  
Field Officer Representative*

Captain Margaret "Margo" Riggs serves as the CDC Liaison and Healthy Communities Director with Shaping Our Appalachian Region, a regional nonprofit that champions local projects, programs, and advocacy in eastern Kentucky to fill economic gaps. She leads coordination for health improvement across rural Appalachia to prevent diabetes, obesity, and substance use. CAPT Riggs has been

working in domestic and international public health for 16 years and throughout her career has built public health capacity in underserved areas. As an Associate Director at CDC Zambia, she worked with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) focused on establishment of the Zambia National Public Health Institute. Dr. Riggs also oversaw 3 branches with

25 staff: Field Epidemiology Training Program, Health Informatics, Epidemiology and Science with an annual HIV/AIDS program budget of over \$120 million.



*CDR Kurt Kesteloot, MSE, MPH,  
PE, BCEE, CPH, ENV SP  
Engineer Representative*

Commander Kesteloot received his USPHS commission in 2004 and served with the Indian Health Service (IHS) from 2004 to 2010. CDR Kesteloot has worked for the NPS since 2010 and currently serves as a supervisory public health consultant. He provides technical assistance to 62 National Park units in 13 states through assessments of water and wastewater facilities along with design and design review. CDR Kesteloot

assesses food facilities and provides guidance on many other public health related issues. He also supervises four USPHS officers and is the Lead for NPS Engineering questions in the NPS Office of Public Health Field Services Branch.



*LCDR James Gooch, MPH  
Environmental Health Officer  
Representative*

Lieutenant Commander James Gooch is a Senior Emergency Manager at the Agency for Toxic Substance and Disease Registry and the Centers for Disease Control and Prevention's National Center for Environmental Health. He provides expertise to jurisdictions on how to reduce the public health impacts from natural disasters. LCDR Gooch has served as Caribbean COA Branch President, member of the Atlanta COA Branch, and member of numerous committees with the Environmental Health Officer Professional Advisory Committee.



*LCDR Julia Zucco  
Scientist Representative*

Lieutenant Commander Julia Zucco is a Health Insurance Specialist at the Centers for Medicare & Medicaid Innovation Center. She started at the agency in 2010 before commissioning in 2012. She is a Scientist with a doctorate in epidemiology from the University of Maryland Baltimore. LCDR Zucco is very active in her local Baltimore COA branch, having served in various leadership roles and most recently as President in 2018-2019.

*Dreaming, discovering and delivering a healthier world  
through whatever program you choose*



**Doctor of Nursing Practice (online)**  
(a *U.S. News & World Report* top-ranked program)

**PhD in Nursing**

**Master of Healthcare Innovation (online)**



**Online certificates, including Health and Wellness Coaching,  
RNs in Primary Care, Nurse Educator and more**

**Continuing education, including online offerings in community health worker — mental health and substance use, leading primary care through preceptorship and the KySS mental health fellowship**



**THE OHIO STATE UNIVERSITY**  
COLLEGE OF NURSING

Learn more and join us:  
**[nursing.osu.edu](https://nursing.osu.edu)**

# Virginia COA Gets a Running Start

by LCDR Kristina M. Melia, PharmD, MSL, NCPS, CCHP and LCDR Loquita D. Roberts, MSW, LCSW, BCD

USPHS officers at the Caroline Detention Facility in Bowling Green, VA, initiated the Virginia branch of COA on May 13, 2021. LCDR Loquita Roberta serves as the branch's first president. Other inaugural branch members include: CAPT Jamie Seligman, CDR Tammy Shaddox, LCDR Katrina Escudero, LCDR Paul Hoffman, LCDR Kristina Melia, LCDR Tonya Smith, LT Olumide Akinyemi, and LT Taylor Kairos. Although most members reside in Virginia and the surrounding area, membership is open to all officers as most branch events will have a virtual component.

To recruit and share branch specific information, branch leadership quickly enacted a Facebook group called Virginia Commissioned Officers Association. The new branch kicked off live events with participation in the Surgeon General's 5K from June 19-27.

The Virginia branch COA mission is to maintain a multi-disciplinary group of USPHS officers who exemplify professionalism, leadership, and a commitment to community service. Its goal for 2021 is to recruit more officers to the branch. The Virginia branch hopes to host a future USPHS Scientific and Training Symposium.

For information regarding the Virginia COA branch, please contact LCDR Loquita Roberts at [Loquita.Roberts@ice.dhs.gov](mailto:Loquita.Roberts@ice.dhs.gov).



From left, LCDRs Hoffman, Katrina Escudero, Loquita Roberts meet early to complete the virtual Surgeon General's 5K



LCDR Kristina Melia and her husband Grant sported USPHS pride gear and posed after completed the virtual Surgeon General's 5K

# Maryland Officers Run in Virtual 5K

by LCDR Jen Eng, RDH, BSDH

The timing could not have been better. Thank you, COA/COF, for sponsoring the 2021 Surgeon General Virtual 5K. We all desire exercise, and what a better way of getting some by participating alongside likeminded officers. With the Maryland mask mandate lifted, a few officers gathered at Walter Reed National Military Medical Center for the first time in a long while. Participating in the 5K helped to boost morale, reconnect with old friends, and make new ones. What a fun day!



*LCDR Oliver Ou, LCDR Alesha Harris, LCDR Becca Wong and LCDR Jen Eng*

---

## TRUSTEES from page 5

Nursing from the University of Hawaii at Manoa. She was awarded the SG's Exemplary Service Medal, inducted as a Fellow into the American Academy of Nursing, and inducted into the Inaugural Alumni 'Hall of Fame' from the School of Nursing, University of Hawaii. Since retiring, RADM (ret) Nessler works part-time as the Strategic Public Policy Advisor for CGFNS International, Inc. This organization serves the global community through programs and services that verify and promote the knowledge-based practice competency of foreign educated health professionals wishing to practice in America and worldwide. RADM (ret) Kerry Nessler is married and a mother of four amazing adult children and 'grammy' to five beautiful grandchildren.

# Upstream Work During the Pandemic

by retired Captain Ann Marie McCarthy

As a Nurse Practitioner who worked in the Indian Health Service (IHS) in the northeastern Navajo Nation, there have been as many blessings as challenges during the COVID-19 pandemic. I often say that a nurse is not just what I do, it is who I am. That perspective has helped me to meet the daily challenges of being an essential healthcare worker in a hot spot for the pandemic. Since my family and I have been fully vaccinated, I am much less worried about the possibility of contracting COVID-19 from a patient and transmitting it to my family.

After two decades with the IHS, I retired from the Commissioned Corps in 2013. I worked in the private sector for a few years and then returned as a federal civil servant, at a small rural health center, for three years.

During the pandemic, my duties included routine primary care via phone visits, face-to-face testing, clinic phone visits to monitor COVID-positive patients, and vaccination clinics. Detailed to a medical center within the service unit for several months, my job was to scribe for providers who were performing COVID-19 testing.

Since my departure from full-time work with the IHS in January 2021, I have worked part-time assisting with COVID-19 vaccination sites. The biggest blessing as a vaccinator has been a chance to work upstream and prevent cases in the community. I worked with Project Hope at the Shiprock Service Unit, scribing at the vaccination clinic in the hospital parking lot. I also helped as a vaccinator at several mass drive-up vaccine events at Chapter Houses and the nearby high school. Via the New Mexico Medical Reserve Corps, I have staffed mass vaccine events held at the state health department, the local community college, the county



fairgrounds, a local civic center, and a few small venues such as churches and a local library.

Despite suboptimal funding and staffing in rural areas through New Mexico and the Navajo Nation, both have done an awesome job in coordinating and setting up vaccination sites. Part of this success is having access to vaccine sites that can accommodate large numbers of the public.

I would be remiss if I did not thank my husband and son for their support. Without their love I would not have been able to perform the work at hand.

## RUNNING from page 11

"I love to run! I saw the SG5K as a great opportunity to build workplace relationships. Virtual 5K events are great because officers can participate wherever they are located," said CDR Danielle Shirk Mills, who participated away from her duty station while on annual leave. CDR Mills recruited family and colleagues to participate. "We were a small team, and we were not in the same vicinity this year, but we did not let that stop us," she said. CDR Mills was joined by her husband Steve Mills in Ohio, and fellow IHSC officers LCDR Illecia Benefield in Pennsylvania and CDR Pieter Van Horn in New York.

## References

Riordan, C. (2013). We All Need Friends at Work. The Harvard Business Review. July 3, 2013. <https://hbr.org/2013/07/we-all-need-friends-at-work> Accessed June 28, 2021.

Lamb, D. (2017). Workplace Camaraderie: The Secret Engagement Weapon. Sterling Talent Solutions. November 13, 2017. <https://www.sterlingcheck.com/blog/2017/11/workplace-camaraderie-secret-engagement-weapon/> Accessed June 28, 2021.



*"Turning 48 next month... and let's just say having been heavily involved in rigorous physical activity in my teens, twenties and thirties...these old bones don't move like they used to! That said...what a great opportunity to get outside and run for an amazing cause. BZ PHS!" - CDR Pieter Van Horn*



# NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

**School of Health Sciences and Practice**  
and INSTITUTE OF PUBLIC HEALTH



## Earn Your Master's Degree or Advanced Certificate Online

### **50% Tuition Discount\***

Enhance your career with an online Master of Public Health (M.P.H.), Master of Science (M.S.) in Medical Ethics or advanced certificate. Learn how public health initiatives reduce viral transmission through strategic preventative measures or how to navigate legal and ethical issues in health care. Benefit from NYMC's relationship with the USPHS and gain a foundation in disease prevention or bioethics from expert practitioners and industry professionals.

**Apply for the fall session now.**  
**Visit: [www.nymc.edu/usphs](http://www.nymc.edu/usphs)**

**GRE not required.**

*\*Tuition discount for active-duty service members including USPHS Commissioned Corp officers and HHS employees.*

# COF Announces the 2021 RADM Michael Fellowship Recipient

by Lynn Abrahamson, MPH, RN, Grants Manager

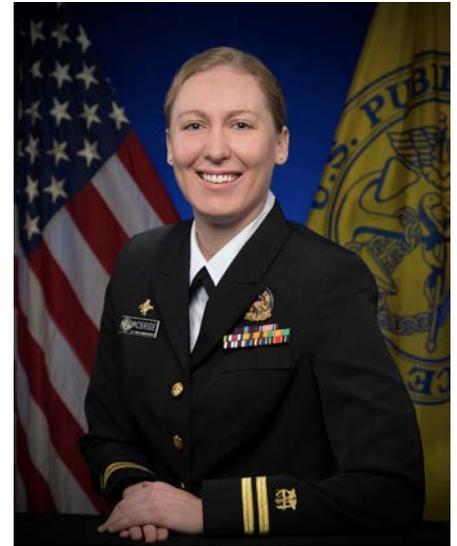
A registered dietitian and Certified Diabetes Educator, Lieutenant Rachel McBride, MS, RDN, LD, CDCES, has had a plethora of experiences throughout the food system – locally and abroad. This has included conducting nutrition research in after school programs in northern Illinois, coordinating diabetes care in a remote area of Arizona, and serving as a food service operator for a hospital in Illinois. While in the Indian Health Service, LT McBride provided comprehensive diabetes care on the Mobile Healthy Living Center RV, where she provided education on healthy lifestyles, diabetes medications, continuous glucose monitors and diabetic foot exams in six remote communities on the Navajo Nation.

International experiences have “helped cultivate her passion for helping the world’s most vulnerable populations.” Serving as a nutrition consultant with the United Nation’s Food and Agriculture Organization in Italy while completing her Master of Science in Nutrition and Dietetics, LT McBride worked with nutrition experts around the world. As an undergraduate research assistant at Northern Illinois University, she conducted an independent study on a school meal program in Tanzania.

Since commissioning in February 2019, LT McBride served during deployment as a case manager for a cruise-ship federal COVID-19 quarantine in California where her team focused on coordination of medical needs of the passengers. Her current position is with the Commissioned Officer Training Academy where she conducts training for new call to active-duty officers. LT McBride has received numerous awards and recognitions including the Northern Illinois University Sondra King Award for International Nutrition and Hunger in 2013, 2014, and 2015.

Seeking new opportunities to “make the world a healthier place to live,” LT McBride is excited about obtaining a Certificate in Global Health at the University of Maryland School of Public Health. As the 2021 RADM Michael Fellow, she will begin taking courses this fall.

The PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) established this fellowship in 2009 to honor the late Rear Admiral Jerrold M. Michael. He was an engineer officer who had a lifelong passion for improved public health education. His devotion to the United States Public Health Service Commissioned Corps and academia is legendary. RADM Michael was Dean of the University of Hawaii (UH) School of Public Health from 1972 to 1992. He continued as Professor of Public Health until 1995. He later served as Professor Emeritus at UH and as an Adjunct Professor of Global Health at the Milken Institute School of Public Health, George Washington University. For more information: <https://www.phscof.org/radm-michael-fellowship.html>.



Lieutenant Rachel McBride, MS, RDN, LD, CDCES

## VACCINATION from page 3

equipped clinicians with the knowledge to recognize mild to moderate signs expected after COVID-19 vaccination. These symptoms consist of vomiting, nausea, arthralgias, myalgia, chills, headache, fatigue, and fever. We were also educated on the importance of differentiating between the acute COVID-19 infection symptoms and post-vaccine immune reactions.

Reflecting on my involvement running a mass vaccination center in an American Indian community reveals the importance of proper preparation. We analyzed high

risk patients and prioritized delivery of vaccines to the right people, individuals with comorbidities, high BMI, and health issues like chronic kidney disease, diabetes mellitus, and organ transplants. Adequate preparation also led to the optimization of the vaccine process while supporting a successful post-vaccination assessment. It is safe to deduce that the challenge of providing mass vaccination can be minimized by ensuring the team is prepared and ready to deliver high-quality care.

## References

CDC. (2021). COVID-19 and Your Health: Older Adults. Centers for Disease Control and Prevention. Retrieved 19 March 2021,

from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.

Kompaniyets, L., Goodman, A., Belay, B., Freedman, D., Sucusky, M., Lange, S., & Blanck, H. (2021). Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020. *Morbidity and Mortality Weekly Report*, 70(10), 355–361. Retrieved 19 March 2021, from <https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm#:~:text=Among%20148%2C494%20U.S.%20adults%20with,then%20increasing%20with%20higher%20BMI.>

Lim, S., Bae, J., Kwon, H., & Nauck, M. (2021). COVID-19 and diabetes mellitus: from pathophysiology to clinical management. *Nature Reviews Endocrinology*, 17(1), 11–30. Retrieved 19 March 2021, from <https://pubmed.ncbi.nlm.nih.gov/33188364/#:~:text=Initial%20studies%20found%20increased%20severity,predispose%20infected%20individuals%20to%20hyperglycaemia.>

National Kidney Foundation. (2021). COVID-19: Kidney disease. National Kidney Foundation. Retrieved 19 March 2021, from <https://www.kidney.org/coronavirus/kidney-disease-covid-19>.



# Shannon James, Esq

Law Offices of David P. Sheldon, PLLC

Worldwide Representation **202-552-0018**

**DEFENDING THOSE AT  
THE FOREFRONT OF  
PUBLIC HEALTH**

**Administrative  
COER Rebuttals and Appeals  
EEO Claims  
Grievances  
PEBs  
Separation Boards**

**ADDRESSING THE UNIQUE NEEDS OF COMMISSIONED CORPS OFFICERS**

My **practice** is helping communities before, during and after a disaster strikes.

My **passion** is saving lives.

Join me and earn a **PhD, DrPH, MPH, MSPH, MHA, BSPH** or graduate certificate in an **online, on-campus** or **blended** format.

**Reduced rate tuition** for eligible online courses.

[preadmissions@health.usf.edu](mailto:preadmissions@health.usf.edu)  
[bit.ly/StudyatUSFCOPH](https://bit.ly/StudyatUSFCOPH)  
813-974-6505

**#1** public 4-year university in the nation for veterans MilitaryTimes, 2018



USF HEALTH  
**COLLEGE OF PUBLIC HEALTH**  
our practice is our passion.

# Spiritual Wellness

by LCDR Katrina Redman, MT, SPOC, MDiv, Chaplain (BGCT)

## Regrets...I've had a few...

In the song "My Way," Frank Sinatra crooned about regrets, but he quickly consoled himself by stating that "he did what he had to do." For most of us, it is not that easy to deal with our regrets. We usually end up carrying them with us. They remain in the back of our mind, and resurface over and over again. This can affect our spiritual health because we are constantly living in the past and dealing with feelings of sadness, disappointment, a need for repentance, or forgiveness.

Henry Cloud, PhD, clinical psychologist, wrote a book called *Necessary Endings*. In his book he writes that "entries into new seasons must be preceded by exits from old ones." If we look at this in the terms of regret, it is easy to understand that regret must be "exited from" in order to "enter into" new feelings. However, we still haven't answered the big question of why this is important.

I pulled an article on the belief system of Jainism in order to answer this question. In his article entitled "Jaina Religion and Psychiatry," Manilal Gada, MD, DPM, contends that control over negative emotions is essential to avoid tilting the body in favor of mental illness. He explains that once a year, it is necessary for Jaina to purify their heart through rituals and introspection. During this process, Jaina beg the pardon of every other by saying "knowingly or unknowingly, by mind, speech and body if I have hurt your feelings, please pardon me." This keeps negative emotional feelings from accumulating by confessing and accepting one's mistakes.

The mental health effects of the pandemic are real. The time of isolation from others, loss, confusion, and anger left many to dwell in negative emotional states including regret. It is important for us as wellness protectors to remember that the mind, body, and spirit work together in concert. Total wellness means that we can look at regret and see that the negative emotional impact on mental health can affect us physiologically also, and there are spiritual resources that can be used to restore a healthy balance.

May we all find the peace that comes from addressing our regrets and leaving them in the past.



### Education: Jainism

The principals of Jainism teach self-control, meditation, introspection, concentration, and healthy interpersonal relationships. It has similarities with both Buddhism and Hinduism. Heavy emphasis is placed on continuously purifying the soul and avoiding obstructions which produce negative fruits such as anger, conceit, crookedness, and greed.

### Spiritual Exercises

1. Check out Dr. Gada's article at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4381324/>
2. Consider a regret in your life. Write down 3 ways that will help you to reconcile it.
3. Learn more about Jainism at <https://www.bbc.co.uk/religion/religions/jainism/ataglance/glance.shtml>
4. Identify ways in which you learned from the experience that produced your regret.

Questions or comments? Contact me at [kredman@bop.gov](mailto:kredman@bop.gov).

## EXECUTIVE DIRECTOR from page 1

Service, a NOAA Form 56-16-Report of Transfer or Discharge, or NGB Form 22-National Guard Report of Separation and Record of Service, respectively.

Why does this matter? For all intents and purposes, the forms contain much of the same information, and any reasonable person would believe one could be easily substituted for another. The reality is, though, the DD214 has nearly become a common noun in the United States and is viewed by many as the only proof that an individual served on “active duty.” Submission of a DD214 is required to receive many veterans’ benefits. No DD214, no eligibility.

To learn more, COA conducted a survey to determine what benefits officers may have been denied due to not having a DD214. Over 400 of you chimed in, and we appreciate each response. Benefits that have been denied include access to state veterans homes, rebates or discounts on vehicle purchases, employment preference for veterans (including credit for federal government service), various state veterans benefits such as income tax, real estate, and property tax credits, military base access, education scholarships for veterans and family members, airfare discounts, mobile phone discounts, veterans status on license plates, delays or denials of Veterans Administration (VA) home loans and loan refinancing, discounted professional conference fees, recognition through specialty plates or license annotations from state departments of motor vehicles, various other loan and retail discounts, utility discounts, and free passes to national parks.

Some who answered the survey report that, while they were eventually able to get the PHS Form 1867 to be accepted in lieu of a DD214, the process took considerable time and effort. One officer commented, “While in the end I wasn’t denied benefits, I’ve had to jump through some hoops to explain that the PHS does not issue a DD214, and people had to check with their supervisors to get approval to use my discharge orders instead. I was not truly denied benefits, but it certainly would have been much easier if PHS used the same DD214 that the rest of the military uses.” Many others weren’t so lucky and described numerous outright denials.

COA agrees that replacing PHS Form 1867 with the DD214 would be ideal for all officers. We have been advocating for a switchover to the DD214 for years. In 2016, the Acting Under Secretary of the Department of Defense, Peter Levine, sent a memorandum to the Acting Assistant Secretary of Health and Human Services approving a request and exception to policy. This action was to be codified in the next update of DoDI 1336.01. To date, the policy has not been enacted. Last year, the Office of the Surgeon General expressed a commitment to this changeover but described difficulties due to an IT system sorely in need of updates.

COA will continue to advocate for conversion from the PHS Form 1867 to the DD Form 214. Officers like you who have committed your career to a uniformed service deserve every benefit afforded. In the meantime, if you are considering a release from active duty or retirement, I recommend you apply for a Veteran ID card from the U.S. Department of Veterans Affairs at <https://www.va.gov/records/get-veteran-id-cards/vic/>. Every little bit of proof helps.

Possessing a DD214 will not be a panacea. It won’t make a USPHS officer a veteran of the Armed Forces. A DD214 won’t change state laws

that restrict veterans’ status and benefits to Armed Forces veterans, as in Arizona (AZ Rev Stat § 41-601 (2020)). It won’t amend state laws that grant income tax breaks to Armed Forces retirees, like Missouri’s (MO Rev Stat § 143.124 (2019)). A DD214 won’t change federal law that restricts the 10-point veterans hiring preference to disabled Armed Forces veterans (5 U.S. Code § 2108). It won’t change credit card discounts that rely upon verification of service through the Military Lending Act (10 U.S. Code § 987), which only applies to the Armed Forces. A DD214 won’t change corporate policies that restrict discounts to Armed Forces members and veterans. A DD214 will not be a magic wand, and you shouldn’t expect to use it under false pretenses where laws and policies only benefit members and veterans of the Armed Forces. Officers need to recognize the hard work that they will need to do in their home states to change laws that use the words Armed Forces, thus excluding USPHS officers and veterans from benefits and entitlements they so richly deserve. Rest assured that COA will keep advocating for federal laws and corporate policies that recognize your service.

If you haven’t yet had a chance to renew your membership that expired on July 1, please consider doing so now at <https://coausphs.org/page/Join> or by calling the office at (301) 731-9080. And if you have already renewed, thank you! Advocacy like this and so many other issues of importance to you take resources and a unified voice.

The best part of my day is hearing from officers so please drop me a line at [jrychnovsky@coausphs.org](mailto:jrychnovsky@coausphs.org) to let me know what’s on your mind. Until next month!



**Hashtags don’t  
solve crises.  
You do.**

USC’s MPH online has positioned  
top public health leaders to serve  
the underserved across state lines,  
international borders and oceans.

Learn more at  
[mphdegree.usc.edu/coausphs](https://mphdegree.usc.edu/coausphs)

Keck School of  
Medicine of USC

# Why Cultural Intelligence Matters to Indian Country

by LT Kayla DeVault Wendt, MS, MPH, EI

Some call it cultural competency, but cultural intelligence was the preferred phrase at my Officer Basic Course (OBC). The argument: How can you be competent in cultures you're not a part of? Theoretically you cannot be competent, but you can actively choose cognizance over ignorance in order to serve others better. Being culturally intelligent means you understand the historic and ongoing conditions that affect a particular ethnicity, community, or other demographic and which might contribute to mistrust, bias, micro-aggression, misunderstanding, or unfulfilled needs, no matter how unintentional. Cultural intelligence is especially critical in a healthcare setting as it directly impacts health outcomes. As many officers serve the Indian Health Service, let's remind ourselves why cultural intelligence matters to Indian Country.

I'm enrolled, but I work in tribal communities of which I'm not a member. Being Indigenous is not a free pass for cultural intelligence. With nearly 600 federally recognized American Indian/Alaska Native (AI/AN) communities within the geopolitical boundaries of the United States, it is important to remember what unifies our communities and what does not. Sadly, many communities are unified by histories of genocide and assimilation. They are continually impacted by blanket Indian policies – an unpleasant but unifying factor of indigeneity. Most tribal nations also have unique languages, cultures, traditions, and epistemologies, meaning if I'm Anishinaabe from northern Minnesota, my culture is wildly different from the O'odham of southern Arizona. Understanding the commonalities as well as the diversity of tribes is vital to serving tribal communities, especially when the majority of officers and employees serving Indian Country are non-Indian.

There are also power dynamics at play. Wearing a uniform as an authority figure amidst any marginalized community can unpack hidden trauma. Additionally, "wearing the face of the oppressor" (as I've heard it called before) adds another element of subconscious fear and mistrust in many marginalized patients. Studies have found that the in-group/out-group theory holds well in many AI/AN communities, meaning historically "othered" groups such as Indigenous peoples internalize historic oppression and identify with one another over this shared experience. Quality of service delivery can be drastically improved by simply acknowledging this historic trauma, how it exacerbates present conditions, and the importance of co-creation and community ownership to move forward for better outcomes. When we're talking about a community with outrageous morbidity rates due to a century-and-a-half of oppression, traditional foodway and ceremonial destruction, displacement, and environmental exploitation, we're forced to realize the disparities we address have been culminating over generations of mistreatment. Embracing this truth and partnering with our communities are part of a collective healing process.

I suggest these issues bluntly and easily, but also frustratingly as I realize how many systems need to improve before our officers can access adequate education in the matter. Various studies across



the Indian Health Service and U.S. Department of Veterans Affairs have indicated that AI/ANs largely feel inadequately served due to these gaps of cultural intelligence and context, so we know the topic is tragically important. It's important enough to be a unit at OBC for onboarding officers. My problem, however, is the American education system does not set citizens up for success in AI/AN community service; I imagine our foreign-born officers are at an even greater disadvantage. Within my own educational experience, it took receiving an MS in American Indian Studies to fully explore what I consider to be crucial subject matters in working with Indigenous populations. I continued on to an MPH only to be thoroughly disappointed by the lack of AI/AN content in the program, even after appealing to school leadership to improve the curriculum beyond "Whites, Blacks, Asians, and Other." The unique needs of AI/ANs are underrepresented if not forgotten – and the specific cultural needs of such are not even in the minds of most dutiful healthcare workers.

Cultural intelligence in Indian Country must be prioritized, and its priority must be understood. Age-specific mortality rates from COVID-19 in Indian Country were nearly double that of non-Hispanic Whites in the US in 2020, indicating we still have a way to go towards equity. That path begins with understanding the political context within which we work as well as the unique experiences of our patients. Yet this conversation is not just for nurses or other medical officers; it is for all of us, including my category of Engineers. Acknowledging our positionality and the historical contexts of everyone's work is critical for getting projects off the ground. Moving forward takes building relationships, co-creating with communities based on what they identify as needs, and practicing models of two-way learning.

**PHOTO CONTEST** from page 1

Numerous officers submitted photos to commemorate and celebrate some of their work and highlight experiences that fed their own physical and mental wellbeing. It was extremely difficult for the committee to select the winners as all submissions were deserving of recognition.

Congratulations to our top three winners:

- 1st place: LCDR Jill Gelviro
- 2nd place: CDR Kun Shen
- 3rd place: LT Alati Wasson



Photo by Kun Shen

*2nd Place: Pharmacist LCDR Roseline Boateng in the HHS Mission Support Center stockpiling Mobile Lifesaving Kit (MLK) bags to be used in Field Medical Stations and by Disaster Medical Assistance Teams. Photo credit CDR Kun Shen.*

*1st Place: LCDR Jill Gelviro in a rural Alaska community health clinic where she and clinic staff worked together to administer COVID-19 vaccines to over 400 remote village community members.*



# PHS Commissioned Officers Foundation

## Donations Received, July 1, 2021 to July 31, 2021

### President's Society (\$5,000)

CAPT Amy Barkin

### Platinum (\$1,000)

Mr. George Wildebor

### Gold (\$500)

Mr. Thomas Tarpley ^

Mr. John DiMaggio ^

### Silver (\$250)

Combined Federal Campaign donations

### Bronze (\$100)

CAPT Robert Epstein

### Friends (Under \$100)

CAPT Mark Anderson

Dr. Maria Benke ^

Mrs. Carol Dellapenna

Mr. Stephen Deming

^ C. Everett Koop Living Legacy

All other donations were made to the COF General Fund



### Donation Levels

Leadership Society \$10,000

President's Society \$5,000

Founder's Society \$2,500

Platinum \$1,000

Gold \$500

Silver \$250

Bronze \$100

Visit  
[phscof.org/giving](https://phscof.org/giving)  
 to donate online today!

## We Welcome New Members of COA, July 1-July 31, 2021

LT Dennis Anderson-Villaluz

LT Vera Bijingsi

LCDR Kibbe Brown

LT Brittanie Butler

LTJG John Carlson

LT Charles Carr

Dr. Billy Collins

Ms. Christie Cosenza

LT Joseph Dismukes

LT Gernise Dixon

CDR Leah Earl-Begay

RADM Francis Frazier

LT Sarah Huntington

CDR Christine Kandra

LT Michael Krusinsky

LT Jalissa Lauderdale

LT Stephanie Lindor

LCDR Rachael Lopez

LTJG Clarisa Medina

LT Eric Mullins

LTJG Pamela Myers

LT Johanna Paillet-Growl

LCDR Kelly Pierce

LTJG Christopher Ruppert

LTJG Samuel Saito

LCDR Richard Saunders

LT Jerome Simpson

LTJG Jason Slavoski

LT Robert Todd

LTJG Scott Topiol

LCDR Brad Weekley

LTJG Evan Williams

## COA Donations

Commissioned Officers Association of the USPHS Donations Received, July 1-July 31, 2021

CDR James Calvert, Jr.

The COA (ISSN 10937161) is published monthly except a combined issue January/February and June/July by the Commissioned Officers Association of the United States Public Health Service, 8201 Corporate Drive, Suite 615, Landover, MD 20785, (301) 731-9080; Fax: (301) 731-9084; Periodicals Postage Paid at Hyattsville, MD and additional mailing offices. POSTMASTER: Send address changes to PO Box 189, Cheltenham, MD 20623. A report of timely information concerning activities of the Commissioned Corps of the U.S. Public Health Service. Distributed exclusively to Association Members.



**COA**

COA PO Box 189

Cheltenham, MD 20623

**Executive Director**

Jacqueline Rychnovsky,  
PhD, FAANP, CAE  
Captain (ret.), Nurse Corps,  
US Navy  
[jrychnovsky@coausphs.org](mailto:jrychnovsky@coausphs.org)

**Grants Manager**

Lynn Abrahamsam  
[labrahamsont@coausphs.org](mailto:labrahamsont@coausphs.org)

**Contractor**

John McElligott  
[jmcelligott@coausphs.org](mailto:jmcelligott@coausphs.org)

**Chief Financial Officer**

Teresa Hayden Foley  
[thayden@coausphs.org](mailto:thayden@coausphs.org)

**Producer**

Curveball Media, Victor Perea

**Membership Coordinator**

Donna Sparrow  
[dsparrow@coausphs.org](mailto:dsparrow@coausphs.org)

**Leading Edge Conferences**

Tim O'Neill  
[symposium@phscof.org](mailto:symposium@phscof.org)

**Director of Administration**

Erica Robinson  
[erobinson@coausphs.org](mailto:erobinson@coausphs.org)

**Group Insurance - AGIA**

(888) 633-6459

[www.coausphs.org](http://www.coausphs.org)

[www.facebook.com/coausphs](http://www.facebook.com/coausphs)

[www.twitter.com/coausphs](http://www.twitter.com/coausphs)

[www.instagram.com/coausphs](http://www.instagram.com/coausphs)