

## Motivation to Join the USPHS Ready Reserve



by Jacqueline Rychnovsky, COA Executive Director

Members of the COA Executive and Outreach Committees met with 17 newly commissioned Ready Reserve officers during a Sunday evening Zoom call in early January. COA leadership heard personal accounts about what inspired them to join the USPHS Ready Reserve. Many described their feeling of a patriotic calling to serve in the field of public health, and after exploring options to serve in the Armed Services, the USPHS Ready Reserve seemed like a good fit. Several shared their hope to transition to active-duty status or be deployed in the future.

CDR Kelly Valente, COA Board Chair, asked exploratory questions, including why they decided to join the Ready Reserve, how the workload fits into their usual lives, and to describe a normal drill weekend.

COA learned a great deal about the inner workings of the new service component. Every officer wanted to serve and heard about PHS through different channels, such as professional connections, social media, and even an internet search. Due to prior professional and personal commitments, active duty was not a good fit, but part-time service works well. The reservists report that drill weekends are once a month and currently consist of virtual trainings. They will also have a two-week annual training requirement which might benefit agencies needing additional help. They are also required to perform fitness activities during drill weekends.

As for benefits, officers overwhelmingly reported that they were hoping to have TRICARE Reserve Select coverage and disappointed to find out they were not currently covered. One officer remarked

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from the  
Executive  
Director



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

By the time you read this column we'll be almost one-half of the way through winter and looking forward to the Super Bowl. We will be eagerly awaiting the first sightings of crocus, daffodils, and tulips peeking through the moist, cold ground, and will be planning to see old friends, and make new ones, at the 55th annual USPHS Scientific & Training Symposium on May 23-27, 2022, in Phoenix, Arizona. COA staff will also be busy planning for another annual event cycle, the opening of many volunteer opportunities within COA.

Booker T. Washington said, "Those who are happiest are those who do the most for others." One feature that sets U.S. Public Health Service officers apart is your intense giving spirit. Whether volunteering for multiple deployments, contributing above and beyond what is expected in your "day" job, serving on a committee, or generously giving to the PHS Commissioned Officers Foundation, no one does it better than you.

see **EXECUTIVE DIRECTOR** on page 23

# COA Member Benefits

## Capitol Hill Representation

Efforts on Capitol Hill continually support all Commissioned Corps officers – active, former, reserve, 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 Programs

College scholarships for children and spouses of COA members and high school students

## The Ohio State University

In-state tuition for graduate nursing and certification programs



## Legislative Update Spilling Toxic Soup

by Nate Bronstein MPA, MEd, MSSP and Mike Clark, MPA

### Commissioned Officers Association

“Toxic exposure has killed more servicemen than any of our enemies have.”

*-John Rowan, national president of Vietnam Veterans of America*

On September 30, 2021, former Daily Show host Jon Stewart shattered previously held viewership records on Apple’s streaming service with the premiere of his new show *The Problem With Jon Stewart*. The show, which has dedicated its episodes to taking a “deep dive into some of the most enduring, deeply-entrenched issues of our time,” opened with imagery and video of service members hauling heavy equipment and waste into smoldering craters. For many Americans, this was a chilling introduction to both the ecological disaster that are burn pits, as well as America’s long and complicated relationship with toxic chemical exposure. While attention to this issue, particularly that of the burn pits abroad, has spurred action by the Federal government, it has somewhat overshadowed a far more foreboding reality. Toxic chemical exposure has and continues to be a domestic issue for America’s uniformed servicemen and servicewomen.

Concerns over toxic exposures go back to the Vietnam war, where the use of Agent Orange resulted in an array of

health issues to veterans. Agent Orange alone affected a documented 2.7 million veterans, but the Vietnam War is far from being the only issue involving these exposures. More than 15,000 veterans have been affected by chemical and radioactive exposures at a K2 installation in Uzbekistan. More than 425,000 veterans have been affected by the Gulf War Syndrome, and the number of veterans with affected health issues from toxic chemical exposure from Operation Enduring Freedom and Operation Iraqi Freedom is already over 3 million. Despite a growing awareness of these issues, there remains a vacuum when it comes to the toxic chemical exposures our uniformed servicemen and servicewomen, right here in America.

Perhaps the most famous example of this occurred following the September 11th attacks. Pulverized debris from the collapsing towers created what was called “toxic dust,” from a mix of over 2,500 contaminants. These exposures have resulted in debilitating illnesses with not just permanent respiratory issues, but nearly 70 different types of cancers now linked to the attacks. What remains eye-opening with this incident, is how little we still know about what responders inhaled that day. In one Newsweek interview, Dr. Michael Crane, the director of the World Trade Center Health Program noted that, “We will never know the composition of that cloud, because the wind carried it away, but people were breathing and

see **LEGISLATIVE** continued on page 25

# COF Barclay-Giel Seed Grant Instrumental in the Purchase of a Mobile Dental Clinic

by CAPT Wallace Smith, USPHS (Retired)

A COF Barclay-Giel Seed Grant made it possible to purchase a mobile dental clinic to provide care to disadvantaged children in the Florida Keys. This state of the art two-chair facility will help revolutionize care to families in desperate need.

The Florida Keys draws tourists from around the world to its sun-drenched beaches and casual lifestyle. What the average person does not see is the great disparity between those who vacation, and the working class people with very minimal incomes. They are the hidden population. Acceptable housing is next to impossible and health care, including dentistry, is practically nonexistent.

I was made aware of this situation by a chance meeting with Clarice M. Yentsch, Ph.D., President and Founder of a nonprofit called The Waypoint Foundation based in Key Largo. Upon my retirement from the USPHS Commissioned Corps in 1998, my wife and I began a program in North Carolina to provide dental care to disadvantaged children, traveling to elementary schools with a mobile dental clinic. This program was supported by the county health department and is still in existence today, 20 years later, and is known as “Miles of Smiles.”

As a non-paid dental consultant to The Waypoint Foundation, I began to explore a similar program with Dr. Yentsch. We began our quest to secure funding via several successful grant awards and numerous private donations. A grant from The Florida Area Health and Education Center helped us achieve our financial goal. Most significant was the \$8,500 Barclay-Giel Seed Grant awarded in 2020 by the Commissioned Officers Foundation for the Advancement of Public Health. I am most proud of this as I served in the Commissioned Corps for 25 years.

In May of 2021, The Waypoint Foundation was successful in purchasing a two-chair mobile dental clinic for the Florida Keys. Comprehensive dental care is ongoing.

Thank you, COF for the Barclay-Giel Seed Grant. You made a difference in the lives of underprivileged children!



Retired CAPT Wallace Smith and Clarice M. Yentsch, Ph.D.



Ribbon cutting ceremony for the new mobile dental clinic.



The mobile dental clinic serving the Florida Keys.

# We Will Bury You

by CAPT Alan Echt, USPHS (Ret.)  
Chair, COA Legislative Affairs Committee

The Commissioned Officers Association (COA) received a request for assistance from a member, who wrote us that:

"I thought I could be buried at a military cemetery. My aunt, a nurse in WWII is buried in a military cemetery in Florida. Several years ago, I checked this out and received a letter back- saying, yes, we are eligible. I also made sure I have my Statement of Service and termination from the military."

"However- last week I checked with the funeral director locally, and they say no- based on the internet article she was reviewing. I'm not sure what she [the funeral director] was looking at. Said we are eligible only if injured while on duty or if we are disabled."

In fact, the Department of Veterans Affairs (VA) website that addresses eligibility for burial in a VA national cemetery (found at <https://www.va.gov/burials-memorials/eligibility/>, click on Commissioned officers of the Public Health Service) states that:

A commissioned officer of the Public Health Service may be eligible if they meet at least one of the requirements listed below.

## One of these must be true:

### The officer served on full-time duty on or after July 29, 1945.

If their service was considered active duty for training, they must have become disabled or died from a disease or injury caused or made worse by their service.

### The officer performed full-time duty prior to July 29, 1945:

- In time of war, or
- On detail for duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard, or
- While a part of the military forces of the United States by executive order of the president

**The officer served on inactive-duty training**, and their death resulted from an injury caused or made worse by their service.

COA helped her clarify her eligibility with the funeral director, who apparently misunderstood the requirements. Specifically, the word "if" in the first criterion, as the member's service was not considered active duty for training. Successfully resolving that member inquiry prompted me to write this article.

In addition to burial in a VA national cemetery, USPHS veterans buried in a private, state, or tribal cemetery are eligible for an upright headstone, or a flat marker, or a medallion to add to a private headstone. If you donate your body to science, are cremated and have your remains scattered, are buried at sea, or if your remains are not recovered, you are eligible for an upright headstone or flat marker, inscribed with the words, "In Memory Of" in an established cemetery.

A USPHS veteran who didn't receive a dishonorable discharge or died while on active duty may be eligible for a headstone or marker if they meet the requirements listed below, based upon their dates of service: For USPHS officers with prior enlisted service before September 7, 1980, and USPHS officers who served before October 16, 1981, they must have died on or after November 1, 1990, and their grave is currently marked with a privately purchased headstone, or they were buried in an unmarked grave, anywhere in the world. In addition, for USPHS officers with prior enlisted service after September 7, 1980, and USPHS officers who served after October 16, 1980, they must also have served for a minimum of 24 months of continuous active duty or died while serving on active duty.

## When planning for your time of need, here are some things to know about veterans' cemeteries.

There is more than one type of veterans' cemetery. The VA's National Cemetery Administration (NCA) maintains 155 national cemeteries in 42 states and Puerto Rico as well as 34 soldier's lots and monument sites (see <https://www.cem.va.gov/cems/listcem.asp> for a list). The United States Army administers two Army National Cemeteries, Arlington National Cemetery and the Soldiers' and Airmen's Home National Cemetery. In addition, many states have established state veterans' cemeteries, run solely by the states. The National Park Service manages 14 national cemeteries. Each type of cemetery has different eligibility rules.

### VA National Cemeteries

USPHS officers are eligible for interment in VA national cemeteries administered by the VA National Cemetery Administration (NCA) as described above. A PHS-1867 Statement of Service is acceptable proof of eligibility

### Army National Cemeteries

Federal law (10 U.S.C. 4721(a), 4721(c), 10 U.S.C. 4721(d)), gives the Secretary of the Army authority to develop, operate, manage, oversee, and fund the Army National Military Cemeteries, puts them under the jurisdiction of Headquarters, Department of the Army, and gives the Secretary of the Army the authority to prescribe regulations and policies as may be necessary to administer the Army National Military Cemeteries. The responsibilities of Headquarters, Department of the Army regarding the Army National Military Cemeteries are enumerated in 10 U.S.C. 4721-4726 and Army General Orders 2014-74 and 2014-75.

### U.S. Soldiers' and Airmen's Home National Cemetery

Per 32 CFR § 553.18, only the residents of the Armed Forces Retirement Home are eligible for interment in the U.S. Soldiers' and Airmen's Home National Cemetery. Resident eligibility criteria for the Armed Forces Retirement Home can be found at 24 U.S.C. 412, which states that only those who served in the Armed Forces, at least one-half of whose service was not active commissioned

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# Haskell Wellness Center Opens

by LT Krista Watson PT, DPT and LCDR Joseph Rorabaugh-Irwin MS, RD

The Haskell Indian Health Center in Lawrence, KS, hosted the grand opening and dedication ceremony for their new Wellness Center on November 4, 2021, in memory of CDR Shannon Tuckwin-Rolland, RN. CDR Tuckwin-Rolland's parents shared remarks and the family participated in the plaque revealing ceremony in her honor. The Oklahoma City Area Governing Board attended the events, with RADM Travis Watts delivering remarks to staff and guests. Haskell Indian Health Center's CEO, CAPT Kelly Battese, also delivered remarks and helped the family unveil the dedication plaque on the building.

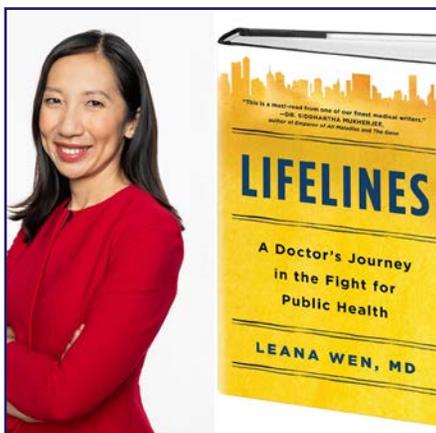
The newly constructed building is now home to a growing diabetes prevention program, a physical therapy clinic, and fitness area. The Wellness Center came to fruition over the past four years through the hard work, devotion, and enthusiasm of multiple stakeholders including officers and civilians both within Haskell and in the Oklahoma City Area IHS. Patients first experienced the new Wellness Center during the COVID-19 pandemic as it served as a key location for mass vaccination events. Patients began benefitting from physical therapy services in November 2020 and on-site nutrition services in May 2021. The Wellness Center will continue to develop as the hub for a multidisciplinary approach to diabetes prevention for the American Indian/Alaska Native community.



New Wellness Center for the Haskell Indian Health Center in Lawrence, KS.



Plaque dedicating the new Wellness Center in memory of CDR Shannon Tuckwin-Rolland.



**Register now** to hear Dr. Leana Wen speak at the 2022 USPHS Scientific & Training Symposium.

**Tuesday, May 24, 3 pm**

All registered participants will receive a copy of Dr. Wen's book "*Lifelines: A Doctor's Journey in the Fight for Public Health*"

[www.phscof.org/symposium](http://www.phscof.org/symposium)



# Board of Directors

## Crossing the Finish Line into the Unknown

by Kelly Valente, PharmD, MS, BCACP  
Commander, USPHS

As a commissioned officer and a COA member, one can have mixed feelings about entering a new year. For several of us, we begin the second guessing of ourselves as to whether our best was good enough to be considered for the next rank. We may be curious, "Will the process change again?" Many of us may wonder about this year's deployment battle rhythm. Will I be deployed this year? In the climate of never-ending change, one may speculate who will be the new lead of Commissioned Corps Headquarters (CCHQ). Most of all, we wonder if this public health emergency will end and if we can ever go back to some sort of normalcy. I ask you all to take an optimistic stance this year. Hope that "the curve is flattened" and the public health emergency is lifted. I want you to

embrace acceptance. Embrace what the promotion board decides. Embrace our new leadership and their decisions.

Know that no matter what, you do your best every day. And yes... it is good enough. My advice to everyone as we enter this new year, is to be your best with no expectations. Let's focus on ourselves this year. Focus on your physical health, your mental health, your family, your hobbies, and your work. Think about whether it is time to cycle off a committee or a project. It is okay to give yourself permission to take a break from extra activities. Take time to exhale, this past two years have been rough.

CCHQ is working hard to ensure that help is on the way. In the last few months, commissioning of the United States Public Health Service Ready Reserve began. Officers of the Ready Reserve, who work in the private sector by day, will be called

upon to assist with deployments when needed. I had the opportunity to meet with members of the Ready Reserve via Zoom. I witnessed firsthand their enthusiasm to serve and I look forward to seeing how the Ready Reserve works in tandem with the full-time active duty Corps.

I hope this new year brings one of health and connection to you all. I am ecstatic the Symposium is set to occur in-person after a two-year hiatus. Coming together will allow an opportunity for our members to share stories of pandemic life, deployments, our optimism and disappointments. Our feelings of isolation will subside and we can start making plans again. No one can predict the future, but know your COA family will be here for you no matter what this year brings.



LT Marlise Williams, OTR, OTD

## Junior Officer Spotlight

### LT Marlise Williams, OTR, OTD

Occupational Therapist with the Bureau of Prisons, Fort Worth, TX

LT Marlise Williams began her career in the Senior Commissioned Officer Student Training and Extern Program (SR COSTEP). In the program, she received the basic pay and allowances of an Ensign during her final year of graduate school. In return, she was obligated to serve for twice the time sponsored.

LT Williams is now the sole occupational therapist for 1,400 inmates at Carswell Women's Prison/FMC Carswell. She provides multiple services including functional evaluations as inmates in-process (to assess function and appropriate placement), upper extremity orthopedic services, positioning, and mobility assessments. She serves as supervisor for the electromyography clinic, speech therapy services and the Rehabilitation Department's inmate/ worker program. LT Williams is also lead collaborator with the nursing department to establish an inmate mobility program, saving \$4,000 per inmate with program implementation. She has also served on the COVID-19 vaccination team for inmates and staff.

# Officers Deployed for HHS Operation Artemis



*From Left: CAPT Luis Carrion (FDA), CDR Clinton "Kyle" Gropp (OASH), CDR Qiao Bobo (FDA), CDR Richard Saunders (HRSA), LCDR Trisha Chandler (OASH), LCDR Jenna Cope (HRSA), LCDR Gavin O'Brien (IHS), LT David Wilkinson (FDA), LCDR Ulysses Singleton (OASH)*

by LCDR Gavin O'Brien, PharmD, BCGP; CDR Qiao Bobo, PhD, RAC; LCDR Jenna Cope, MPH, RD, LD, CHES; LCDR Trisha Chandler, PharmD; CDR Richard Saunders, MS, CISO, CPT; LCDR Ulysses Singleton, PT, DPT; LT David Wilkinson, MS; CDR Clinton "Kyle" Gropp, PharmD, MBA

During 2021, a record number of unaccompanied children traveled across the Mexican border. On April 23, 2021, there were more than 23,000 children in the care of the U.S. Department of Health and Human Services (HHS) requiring unification with their families. The Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) is the lead for this humanitarian crisis. The mission is to ensure that unaccompanied migrant children are safe and unified with family members or other suitable sponsors as quickly and safely as possible. Hundreds of officers from the U.S. Public Health Service Commissioned Corps deployed for Operation Artemis under the direction of RADM Richard Childs, MD, who leads the mobilization and demobilization of officers responding to ACF/ORR's Unaccompanied Children mission.

Multiple facilities served as emergency intake sites (EIS), including one in Long Beach, California. In May 2021, the EIS in Long Beach had nine officers deployed from four different agencies. The facility infrastructure could support 800 children and at times had more than 725 children. There were several activities scheduled for the children including yoga, English as a second language (ESL), arts and crafts, as well as special events like concerts.

Case management workers are bilingual staff members that played an essential role in the unification efforts, which included interviewing children, contacting their families, and supporting administrative efforts. Case management began as soon as the children arrived and continued until the children were safely placed with caregivers.

The stakeholders included private healthcare institutions, the federal government, and contracting agencies. In addition to ACF/ORR, there were many other federal partners who assisted including Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), and Department of Defense (DoD). The Corps deployed officers to support the incident command structure (ICS), which served as the command and control for mobilizing and demobilizing many of the Corps officers that supported the UC mission. They provided leadership, recommendations, and facilitated collaboration among the stakeholders to support the public health and safety of unaccompanied children. CDR C. Kyle Gropp provided outstanding leadership and was the Officer in Charge of the Long Beach EIS. LCDR Trisha Chandler supported CDR Gropp as the Executive Officer (XO). Corps officers deployed and fulfilled the ICS by supporting safety, planning, operations, and case management.

CDR Richard Saunders was the ICS Safety Officer. He collaborated with safety officers from Operation Artemis ICS, FEMA, UCLA, five scientists from the Centers for Disease Control and Prevention, and the general manager for Long Beach Convention Center. CDR

*see ARTEMIS continued on page 20*

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# Heart of America COA Helping Seniors Stay Independent

by LCDR Dan Rector, RDH, MHA, and LCDR Jeremie Gregory, FNP-C, MSN

A group of Heart of America (HOA) Commissioned Officer Association officers teamed up with Aging in Place to help a local homeowner remain at home and live independently. The team helped tear out the homeowner's old walking path, and then provided supplies and the labor to construct a safe walkway that can be used for years. Aging in Place is a special program within Habitat for Humanity that helps seniors who are financially and/or physically unable to make repairs on their own. Habitat for Humanity believes there are almost 20 million older adults living in homes that need repairs and every little bit helps. There is a positive impact felt by maintaining independence and staying in your own home. The opportunity was humbling for the team and the homeowner was very moved by the project.



From left: LCDR Michelle Barbosa, LT Patrick Kollars, LCDR Jeremie Gregory, LCDR Dan Rector

## VA Update: Long-Term Modernization of Home Loan Program

by Adam Patterson

The Department of Veterans Affairs has embarked on a yearslong program to modernize its home loan guarantee process and streamline services through the creation of application programming interfaces (APIs) and accessible dashboards.

Reforms include an emphasis on creating APIs for rapid sharing and transfer of necessary data between VA, customers and loan providers, as well as plans to align practices and technical capacities with those that have been implemented across private industry.

In describing the importance of these modernization efforts, Deputy Director of the VA Loan Guaranty Program John Bell III noted the increasing quantity of veterans who buy their homes through VA on an annual basis — a figure that has



risen especially sharply over the past few years.

“Since 1944, we have guaranteed 27 million loans to veterans. Over the past decade, our loan volume has grown tremendously and has risen over 600% in just the past six years,” Bell said.

Going forward, VA plans to focus on developing APIs necessary to facilitate this information sharing that will ultimately make the home loan process more accessible, quicker and overall easier for

the growing number of veterans who use the service annually. This will culminate in the creation of easily accessible dashboards through which veterans will be able to view all data and information relevant to their home loan process.

For more information about VA Home Loans, visit <https://www.benefits.va.gov/homeloans/>.

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# COA Award Nominations

Each year, COA recognizes our officers and staff who have demonstrated exemplary performance and contributed to the significant advancement of the Commissioned Corps through clinical excellence and administrative impact.

It is fundamental to recognize individual accomplishments and ensure Local branches of varying size and distinction are noted for achievement.

Please find award criteria, nomination links, and other resources online at <https://coausphs.org/page/Awards>. All submissions should be sent by **March 1, 2022, at 5pm ET**.

## Health Leader of the Year

Recognizes individuals who have made notable contributions to the health of the Nation. Nominees typically have been in public health practice for >15 years. COA Membership is not required, but consideration is given to the nominee's knowledge and support of USPHS.

*Example: Improved quality control of medically fragile patients and resolving complex healthcare/medical challenges by bringing together resources and facilitating communication between providers and health agencies.*

## Local Branch of the Year

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

*Example: XYZ COA Branch expanded Officership and recognition by hosting virtual events and implementing significant community outreach programs in advancement of Commissioned Corps.*

## Local Branch Leader of the Year

Recognizes excellence in contributions to the COA local branch, service to the Association, and to the members thereof; this award will be presented at the annual COF conference or its equivalent. Nominees must be an active member of a COA Local Branch Executive Committee as defined by the branch charter bylaws and

may include retired officers if they meet eligibility and nomination requirements.

*Example: Demonstrated active involvement and leadership of XYZ COA local branch by demonstrating commitment and fostering growth through professional workshops and subgroups.*

## Local Branch Member of the Year

Recognizes excellence in contributions to the COA local branch, service to the Association, and to the members thereof; this award will be presented at the annual COF conference or its equivalent. Nominees must be an active member of a COA Local Branch but not must not be a current member of the Executive Committee.

*Example: Lead for XYZ workgroup. Provided technical assistance and revised ABC regulatory compliance initiative impacting greater than 25 members of the local branch.*

## Civilian Outstanding Support of the USPHS

Presented to those civilian (individuals and/or groups) who have distinguished themselves in service to the Commissioned Corps. Nominees generally include but not limited to federal civilian employees or civilians who interact frequently with Commissioned Corps.

*Example: Worked in tandem with Commissioned Corps to develop standard operating procedures for hospital's outpatient department in response to COVID-19.*

## Retiree of the Year

Recognizes excellence in continued service and contributions beyond active duty or government civilian service to the Association, PHS Commissioned Officers Foundation, and to the members of COA. Nominees generally include but not limited to Commissioned Corps Officers or government civilian employees.

*Example: Successfully advocated and oversaw significant correspondences with COA leadership to modernize Commissioned Corps Officers benefits i.e. DD-214.*

## RADM Helena Mishoe Diversity “Believe” Scholarship

Applications due February 28, 2022

Supports high school seniors from populations burdened by health disparities.

Details at <https://www.phscof.org/mishoe-believe-scholarship.html>

# Captain Mary Lee Mills, USPHS (1912-2010)

by CDR Margaret Hale

What USPHS officer has been vested as a Knight Official of the Liberian Humane Order of the Redemption, and been awarded both the Order of the Longleaf Pine from North Carolina, and the National Order of the Cedar from Lebanon? Whose portrait hangs in the Smithsonian Institution's National Portrait Gallery in Washington, DC? You may not have heard of North Carolina native Mary Lee Mills, but her accomplishments as a nurse and a Public Health Service officer are larger than life.

Born in the rural town of Watha, Mills was one of eleven children (Khater and Pitts, 2015). Her father was a farm laborer. She received her early education in a one-teacher schoolhouse because of racial segregation laws (Jones, 2017). After moving to Durham, she graduated from the Lincoln Hospital School of Nursing in 1934 as a Registered Nurse. Mills continued her education at the Medical College of Virginia, the Lobenstein School of Midwifery in New York City, New York University, and George Washington University (Ibid). As a healthcare professional, Mills continued to deal with the effects of racial prejudice: she once recalled that while working as a midwife in Roxboro, NC, she helped a woman give birth to premature triplets, then had to drive the mother and her babies over an hour back to Durham to the African American hospital, as no hospital in Roxboro would admit them (Khater and Pitts, 2015). In 1946, Mills returned to Durham to direct the public health nursing certificate program at historically black North Carolina College (now North Carolina Central University) (Ibid). That same year, she was commissioned as an officer in the United States Public Health Service (Ibid).

After her commissioning, Mills joined the Office of International Health, where her career took her to Liberia, Lebanon, Cambodia, and Vietnam. As Chief Nursing Officer for the USPHS in Liberia, she oversaw inoculation programs, set up



*Captain Mary Lee Mills*

health centers, and was instrumental in organizing the Tubman School of Nursing (<https://minoritynurse.com>, 2013; Khater and Pitts, 2015). Liberia invested her as Knight Official of the Liberian Humane Order of African Redemption for her efforts (<https://minoritynurse.com>, 2013). Her next assignment was to Beirut, Lebanon in 1951, where she taught nursing, worked to combat disease, and ultimately founded the country's first nursing program (Khater and Pitts, 2015; Jones, 2017). Mills received Lebanon's Order of the Cedar for her work (Ibid, 2015), and had a nursing dormitory named for her in her honor (Jones, 2017).

Mills remained in Lebanon until 1957, advancing to the rank of Captain. After leaving Lebanon, her work took her to Southeast Asia (Khater and Pitts, 2015) and Africa. Captain Mills established maternal-child healthcare clinics, nursing schools, and health education programs in Chad, South Vietnam, and Laos, Cambodia (<https://nursinghistory.appstate.edu/biographies/mary-mills>, no date).



*Portrait of Mary Lee Mills by Betsy Graves Rayneau. National Portrait Gallery, Washington, DC.*

In 1966, Captain Mills returned permanently to the U.S., and joined the Department of Health, Education, and Welfare (HEW), the predecessor to the Department of Health and Human Services (HHS). As a nursing consultant in the migrant health program, she provided political, policy and program advice about migrant worker health care and other public health issues to the Secretary. Captain Mills represented the U.S. at multiple international conferences on nursing, midwifery, and public health in countries including Australia, Canada, Italy, Sweden, and Mexico. She received numerous honors during her tenure at HHS, including the USPHS Distinguished Service Award, and North Carolina's highest civilian honor, the Order of the Longleaf Pine (<https://minoritynurse.com/nursing-ambassador-to-the-world/>, no date).

Mary Lee Mills was a trailblazer: for women, for nurses, and for African Americans. Yet, she once said modestly of her career, "I was just out at the right time" (Steelman, B. Star see **MILLS** continued on page 20

# Winston J. Dean – In Memoriam

by Richard J. Bertin, PhD, RADM, USPHS (Ret.)

Captain Winston J. Dean, 79, a retired officer in the Commissioned Corps of the U.S. Public Health Service, passed away on January 10, 2022 from cancer.

Captain Dean was born in Charlotte, NC, on January 13, 1942 to the late Walter Vance Dean and Lucille Gaddy Dean. He was predeceased by his three sisters, Susan D. Ponds, Sandra D. Allen, and Shirley D. Fahey.

Captain Dean received a B.S. degree from Appalachian State University and a Masters of Public Health and law degree from the University of North Carolina at Chapel Hill. He served on active duty for 30 years with the Public Health Service. During the last 10 years of his career, Dean was senior policy adviser to four Surgeons General of the United States.

He was initially called to duty in 1966 with the Bureau of State Services of the Department of Health, Education and Welfare in Washington, DC, launching a career devoted almost solely to health professional education and personnel policy. Following a three-year inactivation of his commission to obtain his law degree, he returned to active duty in 1971 as a lawyer in the Health Services and Mental Health Administration. In 1977, he was assigned to the Commissioned Personnel Operations Division as a Military Personnel Management Specialist and later Assistant Director for Policy. In 1989, he moved to the Office of the Surgeon General as Senior Advisor, where he remained until his retirement in 1999. His exemplary work was recognized by several PHS awards, including the Surgeon General's Medallion.

Captain Dean is survived by his beloved wife of 51 years, Caroline P. Dean, his two children, Bret P. Dean (Jessica) and Elizabeth Dean Goodger (Brian), and five grandchildren, Rebecca and Ava Dean

and Zachary, Zoey, and Winston Goodger. Captain Dean reveled in the joy and entertainment provided by his children and grandchildren each of whom he loved dearly.

Memorial contributions may be made to PHS Commissioned Officers Foundation, P.O. Box 189, Cheltenham, MD 20623 or <https://www.phscof.org/donate>.

Per Captain Dean's request, there will be no funeral or memorial services.

Captain Dean was highly respected by leaders and colleagues in the Commissioned Corps who he so capably assisted during his distinguished career. The following are a sampling of the tributes offered in his memory:

Winston knew every detail and nuance of the Commissioned Corps regulations and was indispensable during Dr Koop's revitalization of the Corps. We could not have done it without him.

*Edward D. Martin, M.D., RADM, USPHS (Ret.), Chief of Staff to Surgeon General C. Everett Koop*

CAPT Winston Dean was a brilliant officer whose knowledge of the Commissioned Corps and the U.S. Public Health Service was exemplary. Over the years he guided many of my decisions regarding the Corps. In addition, one of Winston's very unique traits was his sense of humor.

*Webster Young, Jr., RADM, USPHS (Ret.), Chief, Commissioned Corps Management and Policy Staff, HRSA*

Winston was a highly respected officer in the Commissioned Corps of the U.S. Public Health Service. He was the consummate colleague, a treasure trove of knowledge, and a dear friend of almost 40 years. He was an avid baseball fan and traveled to all the major league baseball parks, mostly with family members and his dear friend John Biedenkapp. I would like to believe that he is in the big baseball stadium in the sky and is palling around



with the likes of The Babe, Aaron, Mays, Gehrig, and all the other baseball greats, including the inimitable Yogi Berra. Hey, Spring training is only a few months away and I can imagine Winston smiling as the umpire calls out, "PLAY BALL!" He was and always will be part of the Boys of Summer.

*Bruce Immerman, CAPT, USPHS (Ret.), Military Personnel Management Specialist, Div. of Commissioned Personnel*

Winston Dean was a valued colleague of many of us across the unique Commissioned Personnel system for decades, to the great benefit of the Public Health Service. His encyclopedic knowledge of military and PHS personnel policy, baseball statistics, and widely assorted trivia made every conversation with him an educational, yet thoroughly enjoyable experience. He will be greatly missed.

*Richard J. Bertin, RADM, USPHS (Ret.) Director, Div. of Commissioned Personnel:*

I cannot think of anyone I enjoyed working with more than Winston Dean. He was such a bright, dedicated man of integrity. I

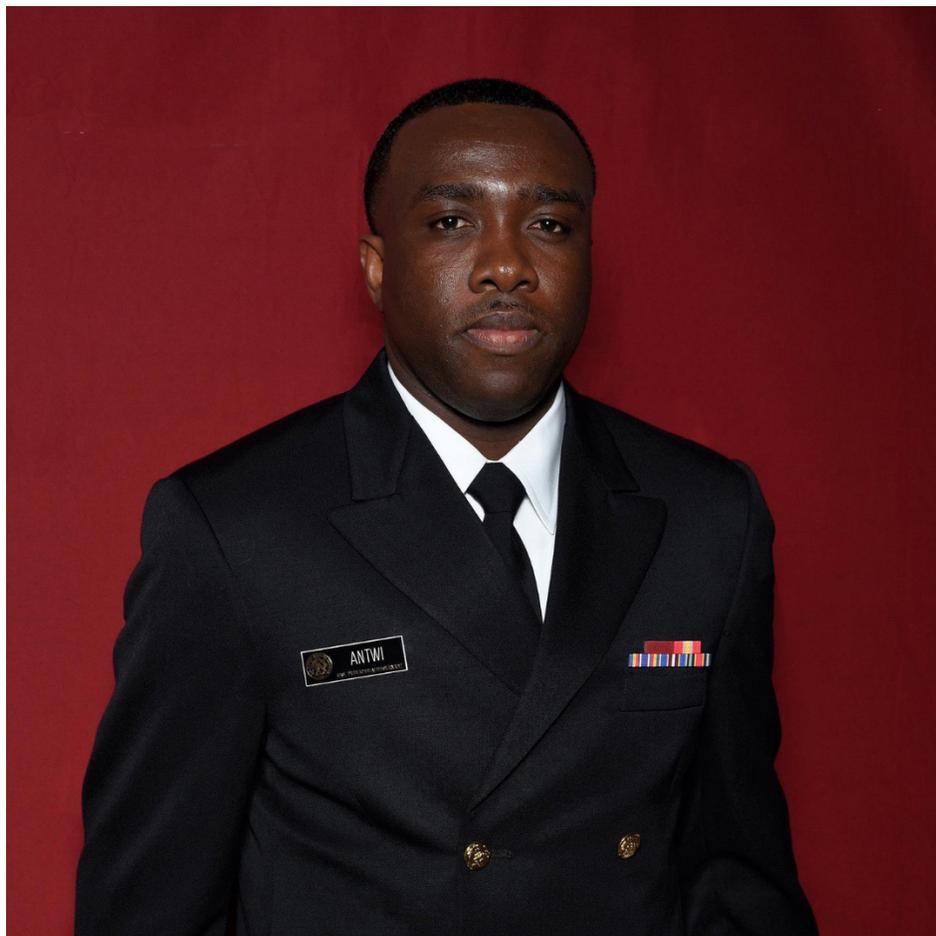
see **DEAN** continued on page 24

# USPHS Environmental Health Officer Lieutenant Antwi Benefited from Relationship with New York Medical College

## Enhance your career with an online master's or certificate

While serving in the U.S. Navy as a hospital corpsman and dental assistant, Lieutenant Lewis Kofi Antwi, M.P.H. '15, pursued a Master of Public Health (M.P.H.) in environmental health science to enhance his ability to be commissioned in the U.S. Public Health Service (USPHS) Commissioned Corps.

As an environmental health officer with the USPHS, Lieutenant Antwi was assigned to the U.S. Food and Drug Administration (FDA) as an investigator. His primary responsibilities include conducting inspections and investigations in the field of biologics and bioresearch monitoring; investigating complaints, injury, illness or death caused by an FDA regulated product; advising industry, state and local officials and consumers on enforcement policies methods and interpretation of regulation; and initiating action against violators. Lieutenant Antwi also protects the public from environmental threats and helps communities recover from natural disasters and other public health emergencies.



*"LT Lewis Kofi Antwi, MPH*

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*\*Tuition discount for active duty service members including USPHS Commissioned Corps officers and U.S. Department of Health and Human Service employees.*

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# Central Texas COA Rides in Cycling Event for Women Veterans

by LCDR Tonya M. Smith, EdD, MS, RN, CPH, CPMA

On November 14, 2021, “funletes” from across Central Texas converged upon the sleepy town of Hutto, Texas, for the Swim Bike Run (SBR) Fun PinkStrong Shero Mission Bike Ride. The event was in honor of women currently serving as uniformed services members and as veterans. More than 100 riders with varying skill levels and everything from road and tandem bikes to handcycles completed either a 10-, 20-, or 30-mile scenic route along country roads throughout Williamson County. The Central Texas Commissioned Officer Association (COA) proudly supported the event as ride participants and/or volunteers. LCDR Tonya Smith, Central Texas COA Community Service Chair and PinkStrong rider had the privilege of interviewing Ms. Camille Baptiste, PinkStrong organizer and SBR Fun Chief Funlete.

**LCDR Smith:** Tell me about SBR Fun. How did the organization come into existence?

Ms. Baptiste: SBR Fun arose from a desire to be a part of a more diverse and larger local triathlon and cycling multisport community representing women of all ages, ethnic backgrounds, and abilities. Our mission is to increase the accessibility, affordability, and inclusion of women of all abilities in multisport events. We accomplish this through educational training, skill clinics, gear donations, and local short-course events for first-time and beginner female triathletes. Triathlon and endurance cycling can have a life-changing effect on women’s lives if they are given the support they need to overcome obstacles unique to multisport, such as learning to swim or budgeting for gear and races.

**LCDR Smith:** Tell me about a memorable SBR Fun event.

see **CYCLING** continued on page 25



LCDR Tonya Smith prepares for her ride.



Ride organizer Camille Baptiste.



Pink Shero salute to veterans.



Decommissioned missiles along bike route.

# Nurse Ambassador Program – Focus on Resiliency

by LT Rachel Sabatura, BSN, RN

Nearly two years into a global pandemic, dedicated Public Health Service officers have answered the call to duty. In addition to deployments and local emergencies, PHS officers have continued to face the additional life stressors of PCS moves, new agencies, and positions of increased responsibility. Moving and changing jobs are two of the most significant stressors that individuals can experience in their lifetime and service members move more frequently than the average American. Now more than ever resiliency is vital to the health and wellness of officers and their families. The Nurse Ambassador program provides support to enhance resiliency for officers transitioning to locations within the Indian Health Service, ICE

Health Service Corps, and the Bureau of Prisons.

Area Nurse Ambassadors are individuals who volunteer to serve as liaisons to newly assigned officers and their families to support their transition in a personal and professional capacity. Areas of support can include information on their new agency as well as assistance with needs such as housing, schools, and community resources. Assistance is tailored to each officer and their unique needs. Though originally designed for Nurse category officers, the Nurse Ambassador program can offer resources and a supportive network to officers in all categories who are transitioning to one of these high need organizations.

If you are interested in being involved in the Nurse Ambassador program or



LT Rachel Sabatura, BSN, RN

know an officer who can benefit from services, please contact LT Terrin Ramsey at [ntb6@cdc.gov](mailto:ntb6@cdc.gov) and CDR Qiana Coffey at [Qiana.L.Coffey@ice.dhs.gov](mailto:Qiana.L.Coffey@ice.dhs.gov) for more information. We look forward to having you as a part of this growing program to increase resiliency throughout the Corps!

# Work Hard, Play Hard

by LCDR Michelle Barbosa, PharmD, BCPS

Members of the Heart of America COA Branch demonstrated some work-life balance while building relationships. On October 2, officers assembled 100 to-go meals for a local food kitchen. Later that evening, they held an outdoor social at a vineyard where members were able to network and relax. Despite the rainy weather, the event shined a light on the value of camaraderie and support for the community.



LCDR Michelle Barbosa, LT Cati Olguin, CDR Ki Davids, and LCDR Gretchen Trendel with guests.

# CDR Heather Dimeris Recognized with Secretary's Award for Distinguished Service

by CDR Kristie Purdy, LCDR Jenna Cope & LCDR Dennis Anderson-Villaluz

## Expanding Telehealth in the Wake of the COVID-19 Pandemic

In July 2021, CDR Heather Dimeris, dietitian officer, was one of three U.S. Public Health Service officers to receive a Health & Human Services (HHS) Departmental Award. CDR Dimeris received the HHS Award for Distinguished Service for exemplary leadership and innovation in expanding telehealth in response to the COVID-19 pandemic.

CDR Dimeris is recently appointed as the Director of the Office for the Advancement of Telehealth (OAT) in the Health Resources and Services Administration (HRSA). Her work at HRSA centers on promoting telehealth as a way to deliver quality health care. Through OAT, she also supports the Department of Health & Human Services' (HHS) telehealth efforts to expand access to care and improve health outcomes.

When the COVID-19 Public Health Emergency emerged in March 2020, CDR Dimeris quickly pivoted to support the exponential expansion of telehealth.

CDR Dimeris designed and led new strategies to expand the capacity of a national network of Telehealth Resource Centers (TRCs). The TRCs provide individual telehealth-related technical assistance to clinics, hospitals, nursing homes and other clinical sites. Early in the pandemic, CDR Dimeris worked with the TRCs to focus on COVID-related inquiries and allocated millions of dollars in supplemental awards. These funds helped the TRCs respond to a 753 percent increase in requests received in March of 2020 compared to March of 2019.

"We are proud that CDR Heather Dimeris, a Dietitian from the U.S. Public Health Service Commissioned Corps, has been recognized for her tremendous leadership and deep contributions to expanding telehealth in an unprecedented time," said HRSA Acting Administrator Diana Espinosa. "She exemplifies the mission of the U.S. Public Health Service."

Less than a month after the legislation for the Coronavirus Aid, Relief, and Economic Security (CARES) Act passed, CDR Dimeris led the Department's efforts to launch a HHS-wide telehealth website (Telehealth.HHS.gov) to serve as a nationwide resource for both medical providers and patients. This website continues to be a hub for telehealth information, which spans across agencies of HHS. As of October 2021, the website has had over 2.1 million page views.

CDR Dimeris led efforts with HRSA partners on telehealth activities. She implemented changes to increase the capacity of maternal and child health providers, remote home visiting, and support for children and youth with special healthcare needs. She



*CDR Heather Dimeris*

expanded telehealth training for health professionals and students in high-need clinical areas and collaborated with two national licensing boards to design technical assistance to decrease licensure burden across state lines.

The contributions of CDR Dimeris to increase telehealth services enhanced access to clinician and patient resources, reduced licensure burden for clinicians using telehealth across state lines and expanded telehealth training of health professionals, ultimately improving patient access to care during a global pandemic. Her efforts continue to be recognized not only in her agency, but also across HHS.

"CDR Dimeris is a perfect example of the dedication, resilience and leadership found in the USPHS Commissioned Corps. As Acting Administrator for HRSA, I am honored to work closely with dedicated officers like CDR Heather Dimeris as they defend our nation's public health and expand access to people in need across this country," said Diana Espinosa.

The mission of the Dietitian Professional Advisory Committee is to advise and serve the United States Surgeon General and the United States Public Health Service on issues relating to the professional practice and the personnel activities, Civil Service and Commissioned Corps, through the Chief Professional Officer of the Dietitian Category.

If you would like more information about this topic, please contact LT Dennis Anderson-Villaluz at 775-240-7988 or [Dennis.Anderson-Villaluz@hhs.gov](mailto:Dennis.Anderson-Villaluz@hhs.gov).

# Member Spotlight

## CAPT Thomas Mignone

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

CAPT Thomas Mignone has served 23 years in the Commissioned Corp as an Environmental Health Officer. He has undergraduate degrees in Environmental Science and Medical Technology, and a Master of Public Health. His career started in local and state public health positions. He was contracting with the Environmental Protection Agency prior to commissioning. His initial exposure to the U.S. Public Health Service was from his mother who worked as a civilian at the Public Health Service hospital in New York. He remembers hearing stories about the U.S. Merchant Marine, U.S. Coast Guard, and other sister services receiving healthcare at the hospital.

CAPT Mignone shared about his current role as Deputy Director of the Office of Emergency Management with the U.S. Food and Drug Administration (FDA) and what it took to get there. He started emergency management in college as a paramedic and then naturally continued to follow this field throughout his career. CAPT Mignone was commissioned as an Environmental Health Officer and started working with the Agency for Toxic Substances and Disease Registry (ATSDR) evaluating human health hazards from chemical and toxic substance releases. Other roles he has fulfilled includes as the Regional Emergency Coordinator for the Office of Emergency Preparedness (predecessor to ASPR) in New York (Region II), where he was the lead emergency coordinator for the response to the 9/11 attack on the World Trade Center. He also served as the emergency coordinator for Region III (Philadelphia), worked at the Federal Emergency Management Agency (FEMA)/ Department of Homeland Security, and at the Assistant Secretary for Preparedness and Response (ASPR) in the District of Columbia. Additionally,

he served as the Deputy Regional Health Administrator for Region II (NY) at the Office of the Assistant Secretary of Health, and at the EPA Office of Homeland Security. An influential moment in CAPT Mignone's career was when he worked at National Institute of Occupational Safety and Health with the World Trade Center Health Program, as the Chief of Staff overseeing operational management of the program. Having worked on the 9/11 response, he was able to continue that work with the health program that provided medical care for responders and survivors of the attack.

CAPT Mignone has served his last five years with the FDA Office of Emergency Management and was promoted to Deputy Director in November 2019. During the COVID-19 pandemic, he became the Deputy Agency Incident Coordinator where he had responsibilities for coordinating the FDA response to COVID planning, policies, and coordinating with centers, offices, and federal interagency partners. He had the opportunity to really dive deep into the FDA specific policies and procedures and how interagency work operated to develop vaccines and devices.

**COA:** During those stressful times, how did you practice resiliency?

**CAPT Mignone:** Well, I have been fortunate the last two years and benefited from the changes in the extended leave. Know when to step back and take a breath. Go for a run, then come back to the task. Try to maintain an even keel on things when it gets extra crazy. You are a part of a high functioning team. Know when to facilitate and coordinate to help to get the things done. Understand when your



CAPT Thomas Mignone

team is under stress and pressure and be able to help them get through that.

**COA:** What was it like to serve as a member of the Consequence Management Support Team during its deployment to the Middle East in support of Operation Iraqi Freedom? What was your role on the team? How did this deployment impact you?

**CAPT Mignone:** The Department of State reached out to the Department of Health and Human Services looking for assistance with public health evaluations overseas prior to the Iraq War. My tour started in Kuwait and then I went onto Qatar. My primary duty was to work with the embassy to look at the ability of host nations to respond to consequences of chemical or biological attacks. I met with government officials, military officials, public health officers, and coalition partners. The Department of Defense analyzed resources they could use to augment responses through medical personnel, medical counter measures, and decontamination. This carried on several weeks into the war. I also helped to educate the regional security officers and coordinate potential responses. The experience opened my eyes to complex interagency workings and how important is to coordinate to make sure we are on the same page. I also learned to ask questions.

see **MIGNONE** continued on page 19

# Member Spotlight

## LT Letetia Morgan, MA, PharmD

by CDR Adam Harris, PharmD, MBA, BCPS, CPHQ, CCMSCP

LT Letetia Morgan has served four years in the USPHS Commissioned Corp as a pharmacy officer. After earning a bachelor's degree in biology and master's degree in instruction and curriculum, she began her professional career as a high school science teacher. Later, her passion to help people expanded and led LT Morgan to pursue a Doctor of Pharmacy degree from Hampton University. After graduation, she taught at Hampton University as an adjunct professor and practiced in a retail pharmacy.

LT Morgan learned of the USPHS Commissioned Corps after a recruiter visited campus for a career expo. The recruiter piqued her interest of having a deeper contribution to helping individuals in underserved communities. The recruiter appealed to LT Morgan's desire for clinical pharmacy positions, non-traditional roles, and deployment opportunities. After consulting with other USPHS officers, she was sold. When a position opened at the Bureau of Prisons (BOP), LT Morgan promptly applied and was hired. During her time at BOP, she was selected as a BOP Regional Hepatitis Pharmacist

Consultant for the North Central Region and provided care to patients in the pharmacist-led Comprehensive Diabetes Management Clinic. After three years with the BOP, LT Morgan began missing the educational setting. When a vacancy email advertised the position of Program Coordinator with the Training Branch at Commissioned Corps Headquarters (CCHQ), she jumped on the opportunity.

Today, LT Morgan leads, develops, and coordinates training programs available to USPHS officers, most notably those at OBC. The programs are available to all officers and are offered in-person and virtually. Content creation, organization, and administration of the Learning Management System is also an important aspect of LT Morgan's role.

LT Morgan's contribution to OBC allows her to provide leadership, guidance, and mentorship to new officers. She relishes the opportunity to interact with officers from different categories and agencies.

As part of her duties, LT Morgan coordinates the OBC Open House, which allows approved organizations to inform an OBC class about their missions. Through the Open House,



LT Letetia Morgan, MA, PharmD

LT Morgan works as an informal liaison to COA. Recently, LT Morgan was selected as the Pharmacist Professional Advisory Committee (PharmPAC) COA Liaison for her dedication to the USPHS and concern for the future the category. During her two-year term, she is responsible for maintaining communications between COA, associated Annual Meeting planning groups, and the PharmPAC.

LT Morgan recognizes the importance COA has on her career as an officer, especially through advocacy. She takes advantage of the networking opportunities, conferences, and information shared through emails and *Frontline*.

When asked if she has any words of advice learned from her position as Program Coordinator with the Training Branch, LT Morgan replied, "Semper gumbi. Always be flexible."

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### MIGNONE from page 18

**COA:** If you could give officers one piece of career advice, then what would it be?

**CAPT Mignone:** Concentrate on doing the best job that you can each day. Everything else in your career will fall into place. Trying to do too many things will make you neglect the day-to-day work. If you focus on the day and being the best professional you can be... everything else will fall into place.

On parting thoughts, CAPT Mignone reflected on the opportunity he had when he was tapped a planner for the annual Commissioned Officers Foundation (COF) Scientific Training & Symposium when it was in Philadelphia. He appreciated all the details that took place down to planning on location, receiving security clearances, and planning the Surgeon General 5K. He remembered

the planners had to pull together as a team. CAPT Mignone shared that he has been fortunate throughout his career to have a strong group of leaders and valuable and trustworthy staff who understand you can't do it by yourself. "It takes time to get all the things done effectively and it is important to make each other successful," says CAPT Mignone.

## ARTEMIS from page 7

Saunders developed safety reports, distributed information to stakeholders, and assisted in emergency evacuation plans.

LT David Wilkinson worked with the planning team, which was comprised of three DoD reservists (USAFR and USMCR). They were tasked with a daily Incident Action Plan report, situation reports, and communication list update. They also collaborated with the ICS and XO regarding challenges faced and troubleshooted with the team to solve them.

CDR Bobo served as an Assistant Director under the Operations Section Chief, CAPT Luis Carrion, and Deputy Operations Section Chief, LCDR Trisha Chandler. CDR Bobo's team included two Corps officers, LCDR Jenna Cope and LCDR Gavin O'Brien, and eight HHS Civilian Task Force members, with additional support from LT David Wilkinson. The HHS Civilian Task Force has a diverse array of responsibilities, including monitoring all activities around the clock to ensure the health, safety, and well-being of the unaccompanied

children from intake to their unification with their caregivers or transfer to a long-term care facility. The HHS Civilian Task Force performed head counts, tracked COVID-19 cases and pods, and assisted during discharge procedures.

LCDR Ulysses Singleton provided oversight to the on-site case management team, consisting of over 100 contracted case managers. Care coordination was also implemented with an assigned governmental agency to perform virtual case management. More than 500 children were safely unified with their families and caregivers as of May 26, 2021.

The Secretary of HHS, Xavier Becerra, toured the facility to see how the conditions were at Long Beach EIS. PHS officers provided significant leadership while health and safety were maintained, and they ensured communication coordination among stakeholders. An incredible amount of support from federal agencies and the Long Beach community coalesced to support Operation Artemis.

## MILLS from page 12

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# COA Endorses Legislation to Lower Tax Burden for Public Service Nurses

by Jacqueline Rychnovsky, Executive Director, COA

*Sections of this article were reprinted with permission from a U.S. Senate press release.*

On January 18, COA endorsed legislation introduced in the U.S. Senate to lower the tax burden for public service nurses. Introduced by Senator Jeff Merkley (D-OR), along with Senators Patty Murray (D-WA), Roger Wicker (R-MS), John Boozman (R-AR), and Bernie Sanders (D-VT), the legislation is designed to ensure that nurses in the federal Nurse Corps will not pay income tax on their student loan forgiveness and scholarships. It is also supported by Senators Kirsten Gillibrand (D-NY), Debbie Stabenow (D-MI), and Amy Klobuchar (D-MN). “Frontline nurses have been the driving force getting our communities through this ongoing pandemic,” said Merkley. “It’s terrible public policy and frankly offensive that nurses are singled out for extra taxation as compared to other health professionals and it’s got to end.”

Senator Murray said, “Our country needs more nurses, which is why I am cosponsoring this bill to support our frontline health care workforce by putting more money in the pockets of people participating in a program that brings nursing professionals to underserved communities. I’m proud to join Senator Merkley in introducing the Nurse Corps Tax Parity Act, and I am going to keep pushing to pass this bill and take other meaningful steps to support our health care workers.”

The National Health Service Corps (NHSC) and the Nurse Corps are two programs administered by the Health Resources and Services Administration (HRSA) aimed at delivering critical health care services in underserved areas. Both programs offer scholarships and loan repayment for health care providers in exchange for service in these areas. Despite the similar missions and program offerings of the NHSC and Nurse Corps, NHSC scholarships and loan forgiveness are not subject to federal income tax, but Nurse Corps scholarships and loan forgiveness are.

Without a statutory exemption for the Nurse Corps, scholarships or loan repayments that can be considered compensation for services are taxable. To ensure parity in tax status between the NHSC and Nurse Corps, the Nurse Corps Tax Parity Act amends the Internal Revenue Code to create parity in tax treatment for scholarships and loan repayment between the NHSC and the Nurse Corps. This legislation is also endorsed by the American Nurses Association, the American Association of Colleges of Nursing, the American Association of Nurse Anesthesiology, the Association of Public Health Nurses, the Association of Rehabilitation Nurses, Friends of the National Institute of Nursing Research, and the Oncology Nursing Society. The full text of bill S.3505 can be found at [congress.gov](https://www.congress.gov).

## A Journey Back to Books

by LCDR Oluwabukola Akinsiku, BS, PharmD, BC-ADM, BCPS

Marissa Levin, Founder and CEO of Successful Culture, wrote for Inc. Magazine that, “Warren Buffet reads 500 pages a day; Mark Cuban reads 3 hours a day; Bill Gates reads 50 books a year.” Some highly successful people carve out time to read.

As public health officers, our lives are inundated with projects and collaborative duties while trying to maintain officership and a healthy work-life balance. So, where is the time to read for leisure or growth? I am proud of being intentional and setting this as a personal goal during the COVID19 pandemic.

My journey back to books started after a friend introduced me to the Audible app and Cutting for Stone by Abraham

Verghese. Then, Lieutenant Josh Telfer started a book club in a service unit close to mine. One download later and I was listening to *When Breathe Becomes Air* by Paul Kalanithi.

A similar USPHS Virtual Book Club has gone nationwide. Launched in August of 2020, our first book was *Together: The Healing Power of Human Connection in a Sometimes Lonely World*. We were not aware the author, Vivek H. Murthy, MD, was under consideration to serve again as Surgeon General. We had a diverse group of officers attend from multiple states. The discussion touched on broken heart syndrome/Takotsubo cardiomyopathy, hypervigilance, and the relevance of the book to our journey as officers. At the end, I felt better knowing I was not alone in my dedication to the PHS mission and finding a healthy balance with the rest of my life.

Our second book, *Infections and Inequalities: The Modern Plagues* by Paul Farmer, was recommended by Lieutenant Telfer because he thought the people who would suffer most are those with low socioeconomic status. The same principles discussed in the book are still very much applicable when comparing infections and inequalities in the ongoing pandemic. It was a challenging read that I thoroughly enjoyed.

If you would like to incorporate reading into your goals for 2022, then visit your local library, dedicate time, read before bed, give it three chapters, and move on to another book if it is not working. And consider joining a book club!

Visit the USPHS Book Club on Facebook at <https://www.facebook.com/groups/495327484576504>

# Everything You Need to Know

## 2020 COF Seed Grant Recipient

by Barbara Howe, Executive Director,  
Morgan County Substance Abuse Council

You'll find Morgan County and our 70,489 people in central Indiana between Indianapolis and Bloomington. We have four school systems and strong industries in agriculture, manufacturing, and healthcare. Like every other county in the United States, we are also seeing an explosive rise of adolescent vaping. When Surgeon General Jerome Adams, former Indiana state health commissioner, issued an advisory that declared youth e-cigarette use an epidemic, Morgan County was not surprised.

Vaping puts nicotine into the body. Nicotine is highly addictive and can slow brain development in teens and affect memory, concentration, learning,

self-control, attention, and mood. It can also increase the risk of other types of addiction later in life.

In February 2020, at the beginning of the COVID epidemic, the Morgan County Substance Abuse Council sought grants to educate our community about the harm of using e-cigarettes and vaping. We are very thankful to the COF Barclay Giel Seed Grant program for awarding the program \$7,500. From November 2020 through June 2021, the Substance Abuse Council used the grant award to present a program entitled "Everything You Need to Know." An hour long, the training included a short video, speaker remarks, and open discussion with attendees.

The Substance Abuse Council presented "Everything You Need to Know" to

students and staff at locations such as Martinsville Youth Development Center, WellSpring Family Shelter, the Crossing School of Business & Entrepreneurship, residents of Stability First-Magdalen House, the Boys and Girls Club of Morgan County, and at a lunchtime conference at the city/county administration building.

In 95% of surveys collected, individuals reported they learned new information about vaping products from having attended the program.

Since 1983, Morgan County Substance Abuse Council has worked with schools, individuals, and businesses with a focus on prevention and education of substance abuse. We are very thankful to the COF Barclay Giel Seed Grant program for helping us to support our community.

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### EXECUTIVE DIRECTOR from page 1

At COA headquarters we are busy preparing for the next application cycle of volunteer openings. Have you thought how you might contribute to your uniformed service organization, COA, in the upcoming year? Might you join or increase involvement in your Local Branch? Are you interested in serving on a committee, being a scholarship or grant reviewer, or running for a position on the Board of Directors? Many opportunities exist, specifically:

- Eight openings are available to serve on the COA Board of Directors in the role of Field Representative (2), HSO officer (1), Pharmacy officer (1), Ready Reserve officer (1), Retired officer (2), and Veterinarian officer (1). Some of these positions are for partial terms only, to fill unexpected vacancies. Visit the <self-nomination application> found on the COA website to learn more.
- Openings exist on all seven COA National Committees (Awards, Communications & Public Relations, Constitution & Bylaws, Legislative Affairs, Local Branch, Outreach, and Retired Officer). To learn more, including how to apply visit the [Committees Page](#) on the COA website.
- Reviewers are needed to assist with scoring of applications for the Family Member Scholarships, RADM Helena Mishoe "Believe" scholarship, and RADM Jerry Michael Fellowship applications. To find out if your skill set is a good match for our needs, please reach out directly to Lynn Abrahamson,

PHS Commissioned Officers Foundation Grants Manager, at [labrahamson@coausphs.org](mailto:labrahamson@coausphs.org).

- Three openings on the PHS Commissioned Officers Foundation will become available for the 2022-2025 term. To learn more about the role and the self-nomination process please reach out to COF Board of Trustee President RADM (Ret.) Steve Solomon at [stevesolomonmd@gmail.com](mailto:stevesolomonmd@gmail.com)
- Multiple openings may exist at your Local Branch level, whether it's serving on their Board of Directors, or various committees or special projects. If you think this opportunity might be right for you reach out to your Local Branch President. Unsure who that is? You can easily find contact information by clicking on the Local Branch tab of the [COA website](#). You must be logged in to view the current Local Branch listings.
- Write a [Frontline](#) column or feature story for an upcoming edition. There's no shortage of things that our readers want to hear about. Popular topics are Local Branch events, community service, mentoring, career development, or Corps history. Be creative, and don't forget to add a picture or two; pictures always add to the enjoyment of articles and features.

I hope you might find one of these opportunities right for you this year. The best part of my day is when I hear from a COA member. If you have a question, comment or if I can help with anything at all, please reach out at (301) 731-9080 or [jrychnovsky@coausphs.org](mailto:jrychnovsky@coausphs.org). Until next month!

<https://www.surveymonkey.com/r/GTS892D>

**DEAN** from page 13 could always count on Winston to give me good advice when I asked for his input. Most of all I appreciated his wonderful sense of humor. He could always defuse a bad situation with a little dry humor. Winston always performed his duties at a high level using his outstanding analytical skills. He was an outstanding, committed Public Health Service Commissioned Corps Officer and I was proud to have served with him.

*O. Marie Henry, RADM, USPHS (Ret.),  
Deputy Surgeon General*

I had the pleasure of working closely with Winston during my tenure as COA Executive Director (1995-2001). I think it's fair to say that most of what I knew about the Commissioned Corps I learned from Winston, who was undoubtedly one of the smartest individuals I have ever met. The Corps was going through a challenging time during the mid to late 90s due to efforts by some in Congress to eliminate both the Corps and the Surgeon General. While I had experience in dealing with Congress, what I didn't have was the depth of knowledge of the Corps to allow me to make the best case for its continuation and the preservation of the Surgeon General position. That's where Winston came in. He regularly accompanied me to the Hill to meet with legislators and key staff members and helped explain the Corps, the Surgeon General, and their rich histories. And when things settled down with respect to attacks on the Corps, he continued to accompany me on trips to the Hill as we sought the passage of legislation that would ensure the Corps enjoyed parity with the other uniformed services. With Winston's invaluable assistance, we had a great deal of success in that regard. I asked Winston, who always accompanied me in uniform, if he had cleared these trips to the Hill with his superiors in the PHS. His reply, which still makes me smile, was "I'd rather beg for forgiveness than ask for permission." I think that's all you need to know about Winston.

*Michael W. Lord, former Executive  
Director, Commissioned Officers  
Association of the USPHS*

Winston was always there for anyone who needed to vent, question, rage, or cry. I can recall doing all of these and perhaps more than once. He would listen, reflect, comment, clarify and explore with me the circumstances, desired or anticipated possible outcomes. Often, he would have a story to share, and in the end, he would have opened enough doors in my mind that I thought he was a genius with his recommendation. He was honest and would share his perceptions (values clearly identified as his); pitfalls and alternate courses of action as well. He was steady, dependable, loyal and dedicated to the Corps and his country. I will miss knowing that he shares this earth with me and others. His sense of humor made many events tolerable and was on the mark. He was a good person.

*Suzanne Dahlman, RADM, USPHS (Ret.)  
Director, Div. of Commissioned Personnel*

Winston Dean was the consummate officer with an interesting sense of humor. I never grew tired of his stories. His advice was always on target and when I would bring up a topic or question, I knew he had worked through it in his mind and his response was always what was best for the PHS Commissioned Corps and its officers. Being an attorney helped him see and understand both sides of difficult situations. His office door was always open to those of us seeking his wisdom of Corps policies, procedures, rules, regulations and sometimes trivia. His other passions were clearly his family and his beloved baseball. His recommendations and sage advice affected all Corps officers; past, present and future. May his memory be for a blessing.

*Richie Taffet, CAPT, USPHS (Ret.) Deputy  
Director, Division of Commissioned  
Personnel*

I first met Winston in the early 1980s when I joined what later became known as the Division of Commissioned Personnel. I was fresh out of law school and Winston took me under his wing

and mentored me in all things related to the Corps and prepared me well for the legal work I would be doing in my new position. It soon became apparent that he was a very special person. We quickly became fast friends—a friendship that has lasted throughout all the following years. The better I got to know Winston, the more I came to admire him. When I first met him, he was already somewhat of a legend within the Corps. Everyone in the Corps seemed to know who he was, and, without exception, all held him in the highest esteem. Winston had an easy, engaging way about him. When you mentioned his name, people would smile. Nothing ever rattled him. He liked everyone and everyone liked him. He always had an interesting story to share—sometimes it would be about the lore and legend of the Corps, but it could just as easily be about Earl Weaver, Cal Ripkin, Jr., or anything else dealing with the Baltimore Orioles or with baseball in general. Frequently, it would be about his wife, Carol, or his kids, Bret and Betsey. He was completely devoted to them. That is probably what I admired most. His priorities were completely in order. Former Congressman J.C. Watts (who, back in the day, was also a phenomenal quarterback for the Oklahoma Sooners) once said that, of all the titles and honors he had ever held, the one title that meant the most to him by far was the title of "daddy." When I first heard that quote, I teared up a little and immediately thought of Winston. Knowing him enriched my life greatly. I will always remember him with fondness, respect, and the deepest appreciation.

*Gary Fahlstedt, CAPT, USPHS (Ret.),  
Office of the General Counsel, DHHS,  
Region VIII*

CAPT Winston Dean was an outstanding USPHS officer. He was dedicated and committed. He used his legal mind and experience to promote the integrity of the USPHS. His contributions to the Public Health Service will long be remembered.

*Audrey F. Manley, M.D., RADM, USPHS  
(Ret.), Deputy Surgeon General*

## **LEGISLATIVE** from page 2

eating it...What we do know is that it had all kinds of god-awful things in it. Burning jet fuel. Plastics, metal, fiberglass, asbestos. It was thick, terrible stuff. A witch's brew." (Dr. Michael Crane, 9/7/16).

Following the revelation of the long-term effects caused by "toxic dust," the World Trade Center (WTC) Health Program was established to provide medical benefits to responders affected by the September 11th terrorist attacks. The WTC health program was established by Title I of the James Zadroga 9/11 Health and Compensation Act in December 2010, and then signed into law on January 2, 2011. Since its creation, thousands have received benefits from the program, but additional cancers had continued to be added to official coverage list as recently as 2014, a full 13 years after the incident that caused the health crisis in the first place.

In order to truly close these healthcare gaps and protect America's healthcare responders, there needs to be a paradigm shift from reactive care to proactive care. September 11th is merely one example of a history of toxic exposures resulting from disasters, that our elected leaders were slow to respond to. From stories of responders accidentally being doused by undiluted bleach during the anthrax response in 2001 to the discovery of tainted drinking water found just last month in Pearl Harbor . There is an urgent need to proactively address and understand the impact of toxic chemical exposure here in America.

In recent years there has been progress in this endeavor. With the passage of the Toxic Exposures in the American Military, or TEAM Act (S. 4393), the Department of Veterans Affairs has now expanded its care for veterans exposed to toxic substances.

Moreover, there are signs that the much-needed paradigm shift has finally begun to take root. The bill not only expands care for those affected by toxic chemicals, but also requires the VA to respond to new scientific evidence regarding diseases with toxic exposure. Included in this, is the creation of a scientific commission to research the health effects of toxic exposure as well.

There is still much progress to be made, but there is reason to be hopeful as awareness to this issue propagates action at the Federal level. To this end, the Commissioned Officers Association and other like-minded organizations will continue to advocate on behalf of America's healthcare responders. Together, we can ensure that as attention is brought to an issue with such vibrant examples abroad, those affected by similar issues here at home are not ignored.

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## **CYCLING** from page 15

Ms. Baptiste: There are so many, but we especially enjoy commemorating firsts. Chucks & Pearls was our first all-female duathlon, and we had 25 first-time duathletes! The PinkStrong Ride, our most recent event, was unforgettable and full of seismic special moments. At the end of the ride, a couple let us know that it not only their first group ride, but also their longest ride ever. They originally signed up for the 10-mile route and decided to challenge themselves and rode for 30 miles!

**LCDR Smith:** Speaking of the PinkStrong Ride, what was the inspiration?

**Ms. Baptiste:** The PinkStrong Ride was created to honor my network of female cyclists and triathletes. SBR Fun has a sizable number of retired female veterans among our local and online tribes, as well as a sizable number of active-duty endurance athletes who love to roll right here in the Austin area. In their honor, we thought it would be a cool idea to have a parade of riders in pink camo kits and bikes fully decked out with flags roll out in mass on Veteran's Day weekend. The goal was to create an unforgettable experience that included riding through a cloud of bubbles, passing a few decommissioned test rockets, and designing routes that would foster new friendships while also providing incredible country-side views. It was a success!

## **RESERVE** from page 1

it is reassuring that reservists from other branches of the Armed Forces used to not be TRICARE-eligible, then were eventually granted coverage through legislative changes on Capitol Hill. COA, along with our partners at the Reserve Organization of America (ROA), stand at the ready to advocate for this important benefit, alongside other issues of importance such as Post-9/11 GI Bill eligibility.

Ready Reserve officers will soon be assigned to regional commands where their drills will look different. They are also integrating into their respective professional categories. There is still much to learn about the Ready Reserve and COA is excited to have these newly commissioned officers a part of our Association. "I was elated to see these officers light up when speaking about why they decided to join. It is wonderful that individuals who felt an active-duty career wasn't a good fit for them due to competing professional and personal commitments can now serve in a manner to improve the public health of our country," said CDR Valente.

The meeting concluded with the COA announcing that a Ready Reserve Board position was currently being outlined and that the reservist should reach out to their local branches for networking and mentoring. In the end, everyone felt energized about the future and eager to meet again.

**CEMETERY** from page 4  
service (other than as a warrant officer or limited-duty officer), are eligible to become residents. Thus, USPHS officers are not eligible for residency in the home or interment in the cemetery.

### Arlington National Cemetery

USPHS officers are eligible for inurnment in the Columbarium. Per 32 CFR § 553.13, Eligibility for inurnment in Arlington National Cemetery (ANC) Columbarium, paragraph (7) includes “Any commissioned officer of the United States Public Health Service who served on full-time duty on or after July 29, 1945, if the service falls within the meaning of active duty for training as defined in 38 U.S.C. 101(22) or inactive duty training as defined in 38 U.S.C. 101(23) and whose death resulted from a disease or injury incurred or aggravated in line of duty. Also, any commissioned officer of the Regular or Reserve Corps of the Public Health Service who performed active service prior to July 29, 1945 in time of war; on detail for duty with the Armed Forces; or while the service was part of the military forces of the United States pursuant to Executive order of the President.”

The regulations issued by the Army in 32 CFR § 553.12, “Eligibility for interment in Arlington National Cemetery” under the authorities noted above make it clear that USPHS officers are not eligible for burial in ANC. For example, 32 CFR § 553.1 defines a veteran as, “A person who served in the U.S. Armed Forces and who was discharged or released under honorable conditions.” Requests for an exception to the interment eligibility policies are evaluated by the Executive Director of ANC, according to 32 CFR § 553.22,

“Exceptions to the eligibility standards for new graves are rarely granted. When granted, exceptions are for those persons who have made significant contributions that directly and substantially benefited the U.S. military.” The full list of individuals eligible for burial in ANC can be found at 32 CFR § 553.12.

The Army also operates Army Post Cemeteries, which consist of the 26 cemeteries on active Army installations, on Army reserve complexes, and on former Army installations or inactive posts. Army National Military Cemeteries are not included in Post Cemeteries. The West Point Cemetery is considered an Army Post Cemetery but has separate eligibility standards due to its unique stature. Army Post Cemeteries are beyond the scope of this article. See 32 CFR beginning at § 553.36 for more information.

### State Veterans’ Cemeteries

Eligibility...depends. Some states follow the VA NCA requirements, while others are more restrictive. If you are interested in burial in a state veterans cemetery, contact your state’s department of veterans’ services to check your eligibility.

### National Park Service Cemeteries

Andersonville National Cemetery, located at the Andersonville National Historic Site, Andersonville, Georgia, remains open and active for burials. See [https://www.nps.gov/ande/planyourvisit/anc\\_burial-guidelines.htm](https://www.nps.gov/ande/planyourvisit/anc_burial-guidelines.htm) for information about burial there.

COA thanks the National Cemetery Administration, Department of Veterans Affairs, for fact checking this article.

## COA Members

We are continuing to hear that correspondence to you via an agency email address may not making it through spam filters. Please take a moment to check your COA profile and either switch to a personal email address or add your personal email as a secondary address. So much great stuff is happening at COA and we don’t want you to miss out! Our My offer stands that if you can’t access your profile to make this change, send us me a note and we’ll take care of it for you. Email [coamembership@coausphs.org](mailto:coamembership@coausphs.org) or [jrychnovsky@coausphs.org](mailto:jrychnovsky@coausphs.org).

## We Welcome New Members of COA, December 1- 30, 2021

LT Brittoni Asbury *New Jersey*

LCDR Sean Bennett *California*

LT Deana Downey *North Carolina*

LCDR Mark Downing II *Arizona*

LCDR Dawn Dozier *New Mexico*

LT Charles Edge *Georgia*

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LT Ashley Fuster *Virginia*

LT Brenda Henderson *Colorado*

LT Xiao Huang *Missouri*

LT Nikia Jones-Shaw *Maryland*

LTJG Alyssa Juguillon *California*

CDR John Lester *Arizona*

LCDR Robert McClung *Georgia*

LT Daniel Metzger *Montana*

LT Chibuike Nduanya *South Dakota*

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LT Alexa Schappert *California*

CAPT Samir Sodha *Georgia*

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CDR Peter Thomas *Georgia*

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LT Melody Wilson *California*

# PHS Commissioned Officers Foundation

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CAPT Malcolm Reddoch

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**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 Abrahamson  
[labrahamson@coausphs.org](mailto:labrahamson@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)

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