

# Talking Leadership: COA March Gathering

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

On March 25, over 160 officers attended the Commissioned Officers Association (COA) March Gathering which was open to members and non-members. The evening was kicked off by our Executive Director Jacqueline Rychnovsky welcoming Bernadette Melnyk, PhD, APRN, FAANP, FNAP, FAAN, Dean and Helene Fuld Health Trust Professor of Evidence-based Practice at The Ohio State University College of Nursing. Dr. Melnyk shared how it is important to practice self-care to help with resiliency. Dr. Melnyk said, "Together we are all doing great things, but please remember we can not pour from empty cups."

As a longtime leader, Dr. Melnyk coached that successful leaders must have the ability to dream big. To achieve one's dreams, a leader must demonstrate the ability to deliver and persistently work through challenges. Dr. Melnyk ended her remarks asking, "If I could be your fairy godmother right now and give you any dream you could accomplish in the next three, five, or ten years, then what are you going to do? If you know, you cannot fail. Let's keep dreaming, discovering, and delivering a healthier Nation."

Retired RADM Steven Solomon, President of the PHS Commissioned Officers Foundation for the Advancement of



*Bernadette Melnyk, PhD, APRN, FAANP, FNAP, FAAN*

Public Health, introduced retired RADM Boris Lushniak, Former Acting Surgeon General, and RADM Scott Giberson, Assistant Surgeon General. RADM Lushniak is currently the Dean of the School of Public Health at the University of Maryland. He was previously professor and Chair of the Department of Preventive Medicine and Biostatistics at the Uniform Services University of the Health Sciences during his long and distinguished career in the Public Health Service. He served as Deputy Surgeon General from 2010 to 2015, as well as Acting Surgeon General from 2013 to 2014. RADM Giberson is

see **LEADERSHIP** continued on page 13

from the  
Executive  
Director



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

## Preservation of Commissioned Corps History

I am an avid reader of printed newspapers. Each morning, I walk down my driveway, rain or shine, to retrieve the Philadelphia Inquirer and my community paper. I enjoy reading everything, from national stories to local news, comic strips, editorials, advice columns, and obituaries. If you are a fan of comic strips you may be familiar with "Baby Blues" by Rick Kirkman and Jerry Scott that chronicles the daily life of the MacPherson family and their three small children Zoe, Hammie, and Wren. On March 15, Zoe came home from school and reported to her mother that their 4th grade class embarked on a time capsule project. Not surprising, she wanted to bury her annoying brother. On March 16, Zoe tells her mom that the students are supposed to donate items for the time capsule that reflect the times they are living in. So far, she says, the capsule has

see **EXECUTIVE DIRECTOR** on page 12

# COA Member Benefits

## Capitol Hill Representation

Efforts on Capitol Hill continually support all Commissioned Corps officers – active duty 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 & COA

## 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

## Ribbon

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

## 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



## Legislative Update

# Senator Patty Murray Requests \$4.5 Billion for Public Health

by Judith Rensberger, MS, MPH

Senator Patty Murray (D-WA) has taken the first step toward creating a dedicated \$4.5 billion fund to boost the Nation's public health infrastructure, including its ability to respond to COVID-19. She chairs the Senate's Committee on Health, Labor and Pensions, known as the HELP Committee.



The grants are intended to help public health departments strengthen core activities such as policy development, all-hazards preparedness, communications, community partnerships, organizational competencies, and accountability. "These are cross-cutting capabilities that enable public health

departments to successfully implement a range of programs and services across the public health spectrum," Sen. Murray said in her press release.

The goal is to ameliorate the chronic underfunding of many public health departments across the country. This would be accomplished through dedicated investments in foundational public health capabilities and workforce development.

The money is intended to supplement existing programs and activities, not supplant them. Beginning in Fiscal Year 2022 with \$750 million, the amount of available money would increase to \$4.5 billion in Fiscal Year 2026. Thereafter, it would remain at \$4.5 billion annually for each subsequent fiscal year.

Grant recipients must submit annual reports to the HELP Committee in the Senate, and to the Energy & Commerce Committee in the House.

In the Senate, 19 Democrats have signed on as co-sponsors. There were no Republican co-sponsors as *Frontline* went to press.

COA was asked to take an advance look at the bill. Along with 120 other organizations focused on public health, COA agreed to endorse it. The bill was formally introduced on 10 March. Its official title is the "Public Health Infrastructure Saves Lives Act (S. 674)."

The money would support a grants program at CDC to address core public health infrastructure needs. Grants would be awarded on a competitive basis to state, local, and territorial health departments that serve populations of 500,000 or more. Criteria include the amount of disease and disability, the degree of poverty, and the COVID-19 burden of each jurisdiction.

Sen. Murray's press materials said she hopes the grant money will help end what she termed a "cycle of crisis and complacency." The idea is to gradually create a dedicated \$4.5 billion fund to build, enhance, and maintain the Nation's public health infrastructure at every level.



# Augmentation Team Provides an Integrated Approach to COVID Care

by LCDR Carla Chase, CCC-SLPD and LT Courtney Wood, MEd. CCC-SLP

CAPT Mercedes Benitez McCrary, a speech-language pathologist (SLP) in the Therapist Category and the immediate past Chief Professional Officer, led an Augmentation Team into a 160-bed regional California hospital that was severely impacted by the admission of patients diagnosed with COVID-19. The daily census of the hospital was 174-189 patients, with the percentage of positive COVID-19 patients being as high as 80% on many days.

As Team Commander, CAPT Benitez McCrary and her initial team of 13 medical providers, nursing, behavioral health and administrative/safety staff arrived on the scene in late December 2020. Each officer quickly leaned into their roles as providers, evaluating and treating patients, educating patients and staff on the importance of medical issues, while staying safe during the public health emergency to mitigate the spread of COVID-19 within the hospital. CAPT Benitez McCrary and the administrative/safety officer, LCDR Jaison Eapen, led operations to strategically separate COVID positive and negative patients, created logistical plans for swift licensing and credentialing of officers to provide patient care, gain hospital access, and assign activities and tasks for each officer on duty. After a couple of meetings, CAPT Benitez McCrary realized the need for ancillary specialty services and requested a physical therapist, occupational therapist, and SLP be mobilized.

The physical therapist (PT), CDR Christopher Barrett, dedicated his work to providing services to improve overall strength, positioning, and transfers in an inpatient setting. While in appropriate personal protective equipment (PPE), CDR Barrett treated 8-10 patients daily to restore mobility as each recovered from the symptoms of COVID-19. CDR Barrett worked with patients to minimize their injury risks when they returned to their least restrictive environment, which often time was to home. CDR Barrett was involved in the discharge planning for each patient that he followed, which included, but was not limited to assessment of any needs for assistive devices or additional equipment needed for discharge location. By educating the medical team and providing PT rehabilitation services, CDR Barrett provided indispensable services that are vital for caring for the whole patient.

CDR Josef Otto was the occupational therapist (OT) called to serve during the deployment and provided essential rehabilitation services. This deployment was the seventh time CDR Otto has deployed in a clinical role to provide occupational therapy to vulnerable populations with urgent recovery needs. This was CDR Otto's third deployment in response to the COVID-19 pandemic. CDR Otto evaluated and treated 8-10 acute care patients each day, working to improve patients' independence and reduce hospital readmissions by improving their upper body strength, restoring functionality for daily living activities, and reducing further decline through education and training of compensation strategies.



Members of Augmentation Team 115. Front row (from left): CAPT Mercedes Benitez McCrary, LCDR Carla Chase, CAPT Lori Newman, CAPT Carrissa Nandlal, CDR Josef Otto, LCDR Jaison Eapen, CDR Christopher Barrett. Back row (from left): CAPT Bernard Parker, CAPT Paul Harvey, CDR Robert Garcia, LT Danica Carlson, CDR Misty Carlson, CAPT Stacy Barley, CDR William Ruiz, CAPT Patrick Lynch and CAPT Laura Wall (not pictured)



El Centro Regional Medical Center Rehab Group with AT-115 leadership and therapists. Front row (from left): Mr. Edwin Ruiz, Rehab Aide; Mrs. Artemis Deocariza, DPT; Mr. Calvin Toling, PT; Mrs. Alicia Castro, Rehab Aide; and Mrs. Anna Martinez, Rehab Aide. Back Row (from left): LCDR Carla Chase, SLP; CDR Josef Otto, OT; Mrs. Megan Foulger, SLP/Manager of Rehab Services; Ms. Raylene Groshans, DPT; Mrs. Shayla Rollins, SLP; Mr. Brandon Brown, PTA; CAPT Mercedes Benitez McCrary, Team Commander/SLP; CDR Christopher Barrett, PT, and LCDR Jaison Eapen, Admin/Safety Officer.

The SLP, LCDR Carla Chase, assessed and treated individuals with communication and swallowing impairments. The most prominent impairment seen in this setting was oral and pharyngeal dysphagia, swallowing problems. She conducted five to eight clinical bedside or modified barium swallow evaluations daily. LCDR Chase advised on diet modifications, such as changing consistencies of foods and drinks, and trained patients and staff on strategies to improve swallow safety while maintaining adequate nutrition and hydration. Cognitive-communication impairments (i.e., attention, memory, problem solving, and orientation) were other deficiencies recognized after screening and further assessment was completed. Dysarthria, slurred speech, secondary to overall weakness, which may have been a result of the hypoxia that many patients experienced after the COVID-positive diagnosis in this setting, affected the oral motor strength, coordination,



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

## COF President's Corner

# An Independent Public Health Service

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

Politics and science are often uneasy partners in the development and implementation of public health policy. During the past 60 years, politics has had an adverse impact on the role of the Surgeon General, as well as on the Public Health Service and the Commissioned Corps. As the United States begins to emerge from the worst public health disaster in over a century, it is time to reassess the SG's role and the status of the PHS and the Corps.

According to the Office of the Surgeon General's website, "Prior to 1968, the Surgeon General was the head of the PHS, and all program, administrative, and financial management authorities flowed through the Surgeon General..." But a series of reorganizations within the Department of Health, Education and Welfare during the Johnson and Nixon administration, led to what Dr. Fitzhugh Mullan, in his authoritative history, *Plagues and Politics: The Story of the United States Public Health Service*, calls the "demotion" of the Surgeon General.

Eric Redman's memoir of the legislative history of the National Health Service Corps and its impact on the PHS and the Commissioned Corps, *The Dance of Legislation*, covers part of that same history. Redman's assessment of those events is harsh. He writes, "The Surgeon General had once been the

chief health officer of the United States, but bitter HEW infighting had gradually circumscribed his position until finally, in 1968, he had been reduced to a mere figurehead."

The pandemic has demonstrated that the United States needs a chief health officer with authority and control over budgets and personnel. Previously, I have called for greatly expanding the Commissioned Corps and for restoring the Surgeon General's direct command of Corps officers. I have also suggested that the Public Health Service, under the SG's leadership, be separated from DHHS and become a separate agency, like NASA and the EPA.

Those are big changes from where the government is right now. But if the past 15 months have taught us anything, it is that the organizational structure of Federal public health put in place in the 1960s and 1970s is not up to the task of protecting our Nation's health in the 21st Century. The Government Accountability Office, in its February 2021 report on COVID-19, states that the pandemic "continues to lay bare the fragmented nature of our public health sector, the fragility of the nation's medical supply chain, and longstanding disparities in health care access, treatment, and outcomes."

It is now well-established that political pressures hampered the Federal public health workforce in the fight against COVID-19. But the bureaucracy of Federal public health that has

constrained public health progress for five decades created its own obstacles in addition to facilitating that political interference.

Public health will always have to find a balance between science and politics. But for more than 50 years, that balance has been far too heavily weighted on the side of politics, both the partisan kind and the internal bureaucratic politics inherent to government. To address what the President's COVID-19 National Strategy calls "severe and pervasive health inequities", as well as the myriad public health problems that existed before the pandemic, many of which the pandemic may well have exacerbated, Federal public health programs will require extraordinary leadership, coordination, and energy.

The people who comprise the PHS, uniformed officers and civil servants alike, have the energy, training, expertise, and commitment to government service that are required to take on the mission ahead. They always did. To meet the challenges, they need an organizational structure that supports that mission and a leadership team with the public recognition and trust to restore a more effective balance between science and politics. An independent Public Health Service, led by the Surgeon General, could begin to bring that about.

# Community Outreach: The Heart of Servitude

by CAPT James Chapple, B.S. Pharm,  
Pharm D, MHA, BCPS, NCPS, CDCES

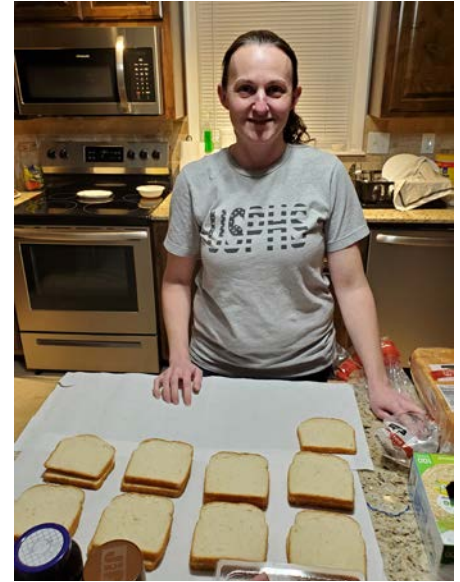
If you distilled the United States Public Health Service Commissioned Corps down to its very essence, then you would find a spirit of servitude. Whether it be innate in the character of each officer, out of a sense of duty and responsibility, or part of the job description as a healthcare worker, this spirit of servitude is ubiquitous through the Corps starting from the top and trickling down to officers far afield.

Recently, members of the Green Country Commissioned Officers Association (GCCOA) embodied that spirit of servitude and extended it beyond their clinic walls. They embraced those underserved in their community by providing meals to the Tahlequah Day Center in Tahlequah, OK. Officers made sandwiches and provided snacks and



*LCDR Emily Ikahihifo preparing food.*

fruit to support the Day Center. GCCOA members who participated include CAPT Deborah Cookson, CAPT Tara Ritter, CAPT James Chapple, CDR Linzi Allen,



*LT Julie McCandless making sandwiches.*

CDR Elizabeth Hosselkus, LCDR Emily Ikahihifo, LCDR Billye Jimerson, LT Talara Taylor, LT Randi Duncan, and LT Julie McCandless.

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CAPT Paul "PJ" Jung, M.D.**

**DATE**

**Tuesday, May 4, 2021**

**TIME**

**7:00 PM ET**

**REGISTER**

<https://tinyurl.com/MAY21coagathering>



# The Future of Medicine is in our Genes, and We Need More Women

by Molly Klote, MD, COL, USA, Ret.

*Department of Veterans Affairs  
Veterans Health Administration  
Director of Office of Research Protections,  
Policy and Education*

A young, curious medical student, I was eager to participate in a research trial, hoping to contribute to the first successful malaria vaccine.

I was warned I could get malaria, but a few mosquito bites seemed fairly harmless until I spiked a high fever. I missed a full week of school. Health effects lingered for weeks. And twenty-five years later, we now have one vaccine that works against the deadliest form of malaria based on this research. The search for vaccines against other types of malaria is still underway.

My experience in that study is not typical of most research participation, but it left me with a lifelong passion for research and research protections that continues to guide and influence my work today.

## Joining VA and the Million Veteran Program

In 2018, I retired from the U.S. Army after serving the better part of two decades as an allergist/immunologist and research regulator at Walter Reed as well as with the Medical Research and Materiel Command and the Army Surgeon General's Office.

It was a natural transition to bring my clinical research regulatory skills to the U.S. Department of Veterans Affairs (VA), where it is my great honor to oversee the office responsible for human subjects' protections in all VA research.

One of the first things I did on the new job was to visit a recruitment event for VA's Million Veteran Program, or MVP.

The women at the booth were magnetic, their enthusiasm contagious. They described how MVP accelerates medical discoveries by collecting DNA from

hundreds of thousands of Veterans along with information on their health, lifestyle and military exposures. With these data, the program supports groundbreaking research in precision medicine that will one day offer Veterans the personalized care they deserve.

Did I want to enroll, they asked?

Thinking back on my past experience, this was an easy decision. As an observational study, all that was required was my genetic data, access to my health records and input from health and lifestyle questionnaires. My data would then be securely stored in a biobank, where only approved researchers could use it to advance medical breakthroughs for my Veteran community.

Without hesitation, I listened to the details of the project, asked a couple of questions and provided my informed consent. Then they took a sample of my blood for genetic analysis, and from that moment on I joined 830,000 of my fellow Veterans as a proud partner of MVP.

## MVP needs more women Veterans like us

MVP began ten years ago in 2011 and now has nearly a million Veterans enrolled—755,000 male Veterans and 75,000 female Veterans like myself.

While this ratio of participants is reflective of the overall Veteran population who use VHA health services, there are two million living women Veterans. We women Veterans can do better.

As you may be familiar, most studies struggle to recruit enough racial and gender diversity to allow for significant discoveries in these understudied populations. Women also report differences in health conditions like heart disease, depression, hypertension—not to mention illnesses like breast and cervical cancer where researchers can only draw from women cohorts.

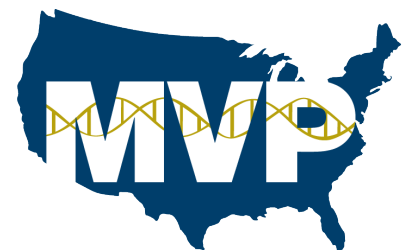


*Retired Colonel Molly Klote, MD, USA*

I joined MVP because I believe precision medicine is the future of medicine. I believe we are on path to unlock the mysteries of our genes and how they relate with our life and military exposures. I want my medical history and genes to be part of unlocking that mystery for me and for the future.

I invite you to join me.

To learn more about VA's Million Veteran Program, visit [mvp.va.gov](http://mvp.va.gov) or call 866-441-6075.



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# Community Health Workers Address Opioid Crisis in Washington State

by Ileana María Ponce-Gonzalez, MD, MPH, CNC, Executive Director, Community Health Worker Coalition for Migrants and Refugees (CHWCMR)

Opioid-related mortality in the United States has increased at an alarming rate during the last two decades because of both suicide and unintentional overdose, posing a major public health concern. The combined number of opioid-related suicides and overdoses almost tripled from 2000 to 2017 (going from 41,364 to 110,749). In Washington, an estimated 63% of drug overdose deaths involved opioids in 2018—a total of 737. In June 2019, Community Health Worker Coalition for Migrants and Refugees (CHWCMR) received a PHS Commissioned Officers Foundation for the Advancement of Public Health (COF) Barclay-Giel Seed Grant award to develop a curriculum to address the opioid crisis in two communities with the high rates of opioid overdoses in WA state.

- 1) Yakima County: among the 13 counties participating in the State Unintentional Drug Overdose Reporting System, it had the fourth-highest number of opioid deaths between July 2017 and June 2018, with 22.
- 2) Pierce County: admissions for opioid or heroin addiction in Pierce County increased by over 200% since 2007. There were approximately 75 treatment admissions per 100,000 county residents, but by 2017, the rate had more than doubled, to 175.

The overall goal of our curriculum was to inform our communities about the issue and how to respond in case of an overdose event by increasing awareness in Yakima and Pierce Counties.



The Community Health Worker Coalition for Migrants and Refugees meets for a workshop on opioids.

As a result of this the COF grant, a total of 52 participants attended two workshops, including the Yakima Opioid consortium. In general, the demographic characteristics of the participants included 75% women, ages 19-83 with an average of 47 years of age. Fifty percent lived in an apartment and 3% in trailer. There were 24 participants born in Mexico and 19 in the USA. The level of education ranged between no formal education to doctoral degree, with 36% having some college experience.

The results of the evaluation indicated only 25% of participants had received some information about opioids before the workshop and 28% had a relative who suffered from opioid abuse. After

see **OPIOID** continued on page 10



Attendees of the CHWCMR conference in Granger, WA.

# Let Photographs Share Your Story

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

We invite you to participate in the first ever Commissioned Officers Association (COA) photo contest to build a story of proud, hard-working America's Health Responders!

You've been there. You've done that. You've seen the moment and snapped the shot — and now you're ready to share it. All you have to do is submit your photo for your chance to win.

The theme of the photo contest focuses on public health officers (active and retirees) engaging in activities that promote and protect the health of the Nation. The goal of the contest is to raise awareness of the important work that COA members perform every day.

## Photo Guidelines

- Deployments (no identifying for geo locations)
- Community service
- Local branch events
- Examples of Resiliency – How did you stay connected and during the pandemic?
- Work from home photos
- Work-related photos must have Level I Agency Approval



## Prizes

- 1st Prize: Free annual COA membership for one year, or an Amazon gift card equivalent to that of the membership value
- 2nd Place: \$100 Amazon gift card
- 3rd Place: \$50 Amazon gift card

Entries must be received by April 23.

For more information, visit [https://coausphs.org/page/2021\\_COA\\_Photo\\_Contest](https://coausphs.org/page/2021_COA_Photo_Contest)

## OPIOID from page 9

the workshop, all participants increased knowledge and awareness relating to the use of and consequences of opioid use, overdose crisis and the use of naloxone for opioid overdoses. Recognition of the signs of a person experiencing an overdose increased from 64% at the beginning of the workshop to 77% at the end. Almost 99% feel that they will be confident to recognize a person who overdoses and call 911.

As result of workshops, the Eastern Washington Opioid Consortium was consolidated to enhance prevention, education and treatment efforts to better address opioid use disorders and promote community wellness, particularly for underserved populations. We also conducted two conferences and posted the videos online at <http://www.kdna.org/opioid-conference-videos/>. CHWCMR also participated in more than 10 radio interviews regarding the importance of being trained to save lives and increase awareness of opioids.

Table: Results of Opioid Workshop Pre- and Post-Surveys

	Pre-Survey	Post-Survey
	%	%
<b>Mark all related to use of opioid:</b>		
It is a drug for pain	54.9	69.2
Prescription opioids can be used safely	39.2	48.1
There is no adverse effect from using opioids	3.9	1.9
<b>Risk factors for opioid overdose include:</b>		
Obesity	13.7	28.8
Low immune system	19.6	38.5
Chronic Condition	43.1	42.3
Apnea	15.7	38.5
Use alcohol	19.6	32.7
Living in rural area	23.5	38.5
Use of alcohol	58.8	71.2
Chronic pain	74.5	82.72
Self-medication	37.7	50
Depression	29.4	57.7



# Dietitians Demonstrate Leadership During Covid-19 Deployments

by LT Rachel Wapniak, RDN, CDN and CDR Kelly Ratteree, MPH, RDN, CSO

As the entire U.S. Public Health Service was activated during the COVID-19 pandemic, dietitian officers stood ready to deploy in a variety of roles both within and beyond the scope of traditional dietitian deployment responsibilities. In observing the response of dietitian officers to protect, promote, and advance the health and safety of the Nation, a few reflect on their mission experiences.

LCDR Katrina Piercy deployed to Travis Air Force Base in Fairfield, California during March 2020. This site was the largest federal quarantine facility used to contain the spread of COVID-19 among cruise ship passengers. LCDR Piercy served in a case management role alongside another officer to lead a 15-member Service Access Team (SAT).

“The team documented test swabbing and results and developed and executed departure plans to ensure safe return home for 876 cruise ship passengers,” said LCDR Piercy. “I provided daily briefings and strategized with command staff as we learned about the COVID-19 virus. Officers ensured passengers received adequate and consistent communication on the situation at hand. We carefully orchestrated the safe transportation of passengers quarantined on base to an area hospital and alternate care facilities for those who tested positive for COVID-19 but were asymptomatic.”

In addition to serving as the team co-lead, LCDR Piercy was also the chief dietitian, overseeing nutrition quality of meals and managing special dietary needs for patients with pre-existing conditions. “Overall, it was a tremendous leadership experience,” LCDR Piercy went on to say. “It was very fulfilling to know our team stopped the spread of COVID-19 among the cruise ship passengers and the deployment team.”

CDR Jane Chen served on a Strike Team 3 deployment to augment state and local medical capacity. This team provided care to COVID-19 patients at the TCF Regional Care Center (TCF RCC), a 970-bed facility, in Detroit, Michigan.

CDR Chen was assigned as the Dietary and Ancillary Team Lead, establishing and implementing the Food Services Department for patients and oversaw the management of the Rehabilitation Department. CDR Chen identified and bridged gaps where her skillset added value to the mission and team.

“Initially, I served as a safety officer,” said CDR Chen. “I assisted personnel entering and exiting the hot zone to ensure they properly donned and doffed personal protective equipment. When I was informed there was no food safety officer on the team, I stepped-up to take charge of the food safety issues at the TCF RCC. During this deployment, I had the opportunity to work with dedicated members from various entities including other USPHS officers, the Army, National

Guard, National Disaster Medical System (NDMS), and state and local agencies. I am very grateful for their support and dedication.”

LCDR Jayne Berube deployed with a SAT to Marine Corps Air Station Miramar in San Diego, CA to provide services and assistance to quarantined American evacuees repatriated to the US from Wuhan, China. This mission, led by the Administration for Children and Families, ensured financial assistance, transportation, and other immediate repatriation needs were provided to the evacuees during their 14-day quarantine.

“In this deployment, officers worked a variety of areas such as assisting in transporting the evacuees as they arrived from State Department chartered flights, providing aide to evacuees including clothing, baby formula, medications, and supporting special dietary needs,” said LCDR Berube. “As the evacuees completed quarantine, officers facilitated discharge and transportation plans to locations across the US. Many of the evacuees provided positive feedback and expressed gratefulness for the housing, facilities, and services provided.”

As USPHS officers continue to respond during the COVID-19 pandemic, we recognize and applaud all health care providers serving in mission critical areas and look forward to learning and highlighting their stories.

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**EXECUTIVE DIRECTOR** from page 1

thirty donated masks, presumably one for each student in the classroom. On March 18, Zoe arrives home to tell her mom that the project is finished, and the students buried the time capsule. What did Zoe contribute? She donated money from her father's wallet to bury since she predicts that in 10 years, paper bills might be extinct. If you are curious about what her annoying brother tried to put into the capsule, I will leave it up to you to search the internet for the March 17 strip. It is funny.

Where am I going with this? One of the five strategic goals for our PHS Commissioned Officers Foundation for the Advancement of Public Health is the preservation of heritage to "support activities and programs that highlight and preserve the historical legacy of the Public Health Service and the PHS Commissioned Corps." Since Zoe and her class seemed to have fun with their time capsule project, I decided that we can too. The Commissioned Officers Association of the USPHS (COA) has been in existence since 1951 which means we will celebrate our 100th anniversary in 2051. I'll be in my 90s then and, regardless of my status, I predict that the Corps will be alive and thriving. Members of COA would enjoy opening a COVID-19 time capsule at that time.

What will you contribute? How will you help the Association and Foundation preserve the historical legacy of the Public Health Service and the Commissioned Corps? What might

you donate for the time capsule that will help officers to better understand this historical period you've just experienced? A handwritten account in a sealed envelope? The first handmade mask that you made, or purchased? Your COVID-19 vaccine sticker, a picture of you in PPE, a letter to your future self? Other ideas are a newspaper article, a sealed letter to your child, a certificate, ribbon or medal (with a story), a letter you received from your parent or grandparent during the pandemic, a drawing from you or your child, a story about a significant loss you experienced, a family photo, your bucket list for the remainder of your time on active duty, a page from your journal or diary, a snip of your social media page, a challenge coin, an empty travel size bottle of hand sanitizer, a lapel pin, etc. I challenge you to be creative! All items should be mailed to COA's Outreach Committee Vice-Chair at: COA Time Capsule, c/o CAPT Julie Niven, 224 Foley Rd., Trout, LA 71371. All letters should be sealed in an inner envelope and will not be opened until 2051. Please sign the outer flap.

What will I contribute? A copy of the April *Frontline* which includes this column, and the Baby Blues comic strips of course, with maybe a few Dilbert strips thrown in for good measure. As always, it is a pleasure to hear from members. Drop me a line anytime at [jrychnovsky@coausphs.org](mailto:jrychnovsky@coausphs.org).

# Let's Go Out to the Movies

by CDR Allyson Brown, ACOA President

Members of the Atlanta Commissioned Officers Association held a Netflix Watch Party to build solidarity. The online entertainment platform allows users to watch movies with family and friends and chat at the same time. When few Americans went to movie theaters, ACOA members went online. Officers came together to watch the musical *Jingle Jangle*. They laughed, chatted, and enjoyed reconnecting with friends and colleagues.





## LEADERSHIP from page 1

currently the longest tenured flag officer in the Commissioned Corps. He served as Deputy Surgeon General in 2013 and 2014, Senior Advisor to the Office of the Surgeon General, Chief Pharmacist of the USPHS, and Director of the Commissioned Corps Headquarters. Next month, he will retire and become Executive Director of Corporate Affairs at AMI Expeditionary Health.

Attendees were easily reminded of the “Scott and Boris Show,” and why these two exemplary leaders are so easy to listen to and follow. Their dialogue was like a skit full of entertainment, jokes, and golden nuggets of information. Some of their pearls of wisdom were:

- One is always a student of leadership... one is never done.
- There are leadership opportunities at every level from ensign to a senior officer.
- Be dynamic, never idle.
- Think about how followership turns into leadership.
- Work hard towards the mission of the agency and Corps. Do not seek leadership solely for the benefit of yourself.

In closing, each RADM was asked to share their bottom-line messages. RADM Lushniak encouraged officers to practice the Ds: Make Decisions, Delegate (and grow), Do, and Deliver. Also, remember to make people laugh, be humble, be confident, and show your vulnerabilities. He recalled retired Acting Surgeon General RADM John Babb’s words of wisdom along the lines of, “It’s easy to be a follower when you respect your leader. It is easy to be a leader when you believe in your followers.” It is important to surround yourself with a good strong crew. It is another opportunity to gain energy and resiliency from others within your area. The presentation ended with, “You can observe a lot just by watching,” a quote by Yogi Berra.

In turn, RADM Giberson added that, “A leader must have the ability to create a feeling in someone else. It must make them feel positive and think I can’t wait to hear what they have to say.” Lastly, every team member has the choice to view you as a leader. His book recommendation, *The Inspiration Code: How the Best Leaders Energize People Every Day* by Kristi Hedges would be a great read for COA members.

Although the March COA Gathering could not be completed in person around a fire, COA thanks RADM Lushniak, RADM Giberson, and Dr. Melnyk for their upbeat leadership fireside chat.

## AUGMENTATION from page 3

and range of motion and was common here. Aphasia, impaired communication ability receptively and expressively, were problems observed in some patients diagnosed with stroke and occasionally those with COVID-19.

CAPT Benitez McCrary and her augmentation team deployed in their clinical roles to serve a California community that was overwhelmed with COVID cases and provided a great service. Before leaving



*Retired RADM Boris D. Lushniak, MD, MPH*



*RADM Scott F. Giberson, BSPharm, PhC, NCPS-PP, MPH*



*CDR Kelly Valente speaks with retired RADM Lushniak and RADM Giberson*

their post, hospital census was down and COVID-19 cases had decreased. The entire augmentation team treated over 400 patients in less than a six-week period. The rehab team completed over 250 encounters with an estimated 80% of the patients being diagnosed with COVID-19. The team learned the importance of an integrated interdisciplinary approach, and how mobilizing medical, nursing, and rehab officers as a team helps to maximize the overall health and outcomes for patients.

# Atlanta COA Hosts Virtual 5k Run/Walk

by CDR Allyson Brown, ACOA President

The Atlanta Commissioned Officers Association found creative ways to stay connected with ACOA members during the COVID pandemic. They held a virtual 5k run/walk to keep members engaged and active. LCDR Elfriede Agyemang and LCDR Mark Weng were among the officers who participated.

LCDR Elfriede Agyemang completes her 5k run.



LCDR Elfriede Agyemang tracks her run time.



LCDR Mark Weng running on the beach.



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# Grant Supports Breastfeeding for Black Families

by Elizabeth Woods, MA, MPH  
*Interim Executive Director*

## **Soul Food for Your Baby, Inc.**

Soul Food for Your Baby is grateful for the award of a Commissioned Officers Foundation Barclay-Giel Seed Grant. Funding allowed us to provide needed breastfeeding support to Black families and to connect with maternal health advocates during the pandemic.

With a culturally targeted approach, Soul Food for Your Baby (SFYB) exists to promote breastfeeding among Black families to foster health and well-being. Breastfeeding has been proven to mitigate health disparities that are prevalent among Blacks, including diabetes, asthma, obesity and Sudden Infant Death Syndrome (SIDS). Unfortunately, Black infants are less likely to realize these benefits due to persistently lower breastfeeding rates compared to other groups due to a variety of factors.

Seed grant monies have allowed SFYB to reinstate breastfeeding classes and support groups in South Los Angeles with community partner the Black Infant Health Program at The Children's Collective, Inc. Starting in January 2020, we held three monthly in-person support groups with the Black Infant Health Program before COVID hit. In April, we pivoted to online sessions when hospitals and the Special Supplemental Nutrition Program for Women, Infants, and Children were not offering such services. A positive result of the pandemic is that we were able to offer multiple short sessions online throughout the day and into evening and weekend hours. We reached a larger geographic area and supported families who were not able to attend the longer daytime sessions.

After condensing our 6.5-hour curriculum to 4.5 hours, we launched a two-session quarterly breastfeeding class in November that includes Black breastfeeding history, cultural taboos, breastfeeding as a single parent, health disparities, and prenatal care recommendations.

Though the groups and classes have been small, moms have repeatedly attended and appreciated being able to connect with other moms during this time of isolation and upheaval. We aim to partner with more prenatal clinics and programs to increase participation.

In addition to the classes and support groups, SFYB co-hosted a Breastfeeding Celebration with the Compton WIC site during Black Breastfeeding Week (BBW) in 2019,



*Mothers and children attend the Breastfeeding Celebration during Black Breastfeeding Week in August 2019. Soul Food for Your Baby and the Compton WIC site co-hosted the gathering.*



*Mothers attend the first Soul Food for Your Baby breastfeeding support group at Black Infant Health at The Children's Collective, Inc., in the Crenshaw District in January 2020.*

which 15 Black and Latina families attended. We engaged community members at a farmers' market in the Crenshaw District in Fall 2019. For BBW 2020, we held a Black Breastfeeding Matters Walk in August that raised funds and awareness. We also partnered respectively with Mahmee and the African American Infant and Maternal Mortality Initiative for a Doula Meet Up in June and breastfeeding webinars during BBW and Black Maternal Health Week in April 2020.

We are indebted to COF for the funds that allowed us to carry on these activities and provide a source of connection and information for families and maternal health during a very distressing and uncertain time! We look forward to gathering in person again but will also maintain online services so that we can continue to expand our reach.

For more information about Soul Food for Your Baby, visit [www.soulfood4yourbaby.org](http://www.soulfood4yourbaby.org).

# Spiritual Wellness

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

## Spiritual Uses of Guilt and Shame

I know that this is a difficult topic, but these feelings are an integral part of many different belief systems. It is valuable for us as Commissioned Corps officers to understand how these are utilized. Our Mental Health officers frequently address these feelings in reference to survivors guilt, depression, abuse, violent acts, and anxiety. There can be a spiritual overlap involved in these cases so shedding a little light on this difficult topic is a good idea.

In Islam, shame is called haya' which is a "form of social conscience that monitors a person's actions" and encourages appropriate behavior. Modesty standards in Islam are derived from this feeling. It is considered a sign of intelligence because guilt will help someone to learn to atone for themselves and produce virtues. The negative aspect of shame in Islam is khajal which is extreme shyness. This is a negative feeling because it can prevent a follower from asking questions and seeking knowledge. Other belief systems do utilize these feelings in more controversial practices. It is important to understand that, while it may seem harsh to a person outside of that system, these belief systems maintain that the outcome of the practice is meant to help and not harm the person.

As we learned last month, it is important for us to know how to apologize sincerely. There is an element of guilt and shame that goes hand in hand with repenting, or changing our minds. As Corps officers, we may have these feelings at times for different reasons. Understanding that, spiritually speaking, they may make us feel bad but that they can also be tools that we can use to grow, is helpful. Understanding that our fellow officers, patients, or crisis victims may also be experiencing these feelings and looking at them from a spiritual perspective, is helpful also because it is a part of their total wellness.

May we all continue to make our spiritual "lemons" into lemonade, and understand that others may need the opportunity to do this as well.



### Education: Disciplinary Action

This is a leadership topic that can include feelings of shame and guilt for both the officer and their chain-of-command. The officer can feel shame for not adhering to policies and for having their superiors to know that they didn't. The chain-of-command can feel shame because they feel responsible for not preventing the error, or because they feel that it reflects poorly on their leadership. Disciplinary action is usually meant to correct an officer so that they can get back on track. Without it, it would be difficult to maintain a fixed standard of conduct. This is the same understanding of many belief systems.

### Spiritual Exercises

1. Think about the spiritual purpose of shame in your life. Write down the positive and negatives that resulted.
2. Pray about why you feel or don't feel shame about a specific thing. Seek understanding on the issue.
3. Understand what Spiritual bypassing is ([www.verywellmind.com](http://www.verywellmind.com)).
4. Research the relationship between shame and trauma at [www.healingshame.com](http://www.healingshame.com).

Questions or comments? Contact me at [khredman@hotmail.com](mailto:khredman@hotmail.com).



# Call for Time Capsule Items

Let's make some history. COA is gathering items related to our experiences with the COVID-19 pandemic for a time capsule to be opened in the year 2051 which is COA's 100th anniversary.

Please share something small such as a mask, coin, stories in sealed envelopes, vaccination stickers, pictures, etc.

Mail items to Julie Niven at 224 Foley Rd, Trout, LA 71371 before May 15, 2021.



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## OBITUARY

### CDR Stephen Scheiber, MD



*Retired CDR Stephen Scheiber, MD*

Lifetime COA member Commander (ret.) Stephen Scheiber, an internationally esteemed psychiatrist, passed away peacefully on June 20, 2020. After receiving his Bachelor of Arts degree from Columbia University, followed by medical school in Buffalo, New York, CDR Scheiber began his career as a Commissioned Corps officer assigned to the Peace Corps. His career as a leader in psychiatry spanned more than five decades. He was a professor at the University of Arizona before leading the American Board of

Psychiatry and Neurology (ABPN) for over 20 years as Executive Secretary and Executive Vice President. During his tenure, the ABPN added seven subspecialties, and Dr. Scheiber published numerous books and hundreds of articles on ethics and education in psychiatry.

He was a guest professor at over 60 universities as well as Clinical Professor of Psychiatry at the Medical College of Wisconsin.

Dr. Scheiber took on leadership roles in over a dozen professional associations including the American Psychiatric Association which honored him with the Harold E. Berson Award, the Association for Academic Psychiatry which presented him with a lifetime achievement award, the American Board of Medical Specialties, where he received a Distinguished Service Award, and the American College of Psychiatrists which granted him the Distinguished Service in Psychiatry Award. In recognition of his outstanding contributions, Dr. Scheiber also received the Albert Nelson Marquis Who's Who Lifetime Achievement Award, and the Distinguished Life and Career Achievement Award from the State University of New York at Buffalo, among many others. He was greatly admired by the residents, fellows, and medical students whom he taught, as well as by colleagues around the globe, particularly for his dedication to advancing the field. Dr. Scheiber is survived by his wife, MaryAnn Scheiber; three children, and three grandchildren.

### CAPT Philip Bierbaum



*Retired CAPT Philip Bierbaum*

Captain (retired) Philip Bierbaum, a COA member and member of the Cincinnati COA Local Branch, passed away suddenly on February 27, 2021 at the age of 78. Bierbaum was born on November 14, 1942 in Cincinnati, Ohio to Wilbert Louis and Alma Grace (Tuttle) Bierbaum. He graduated from Western Hills High School in 1960 and earned a degree in chemical engineering from the University of Cincinnati where he was a member of the Theta Chi fraternity. He received his master's degree in Environmental

Engineering at the University of Florida. He was employed by the Department of Health Education and Welfare from 1961-1967 and the Environmental Protection Agency from 1967-1972.

Captain Bierbaum retired in 1994 from the National Institute of Occupational Safety and Health, U.S. Public Health Service, at the rank of Captain. He received numerous awards and decorations for distinguished service across his 35-year career. He was preceded in death by his parents and his son Kristofer Cullen Bierbaum and is survived by his wife, Donna (Thorman) Bierbaum, his sister, Karen Russo, and three children. He was the proud grandparent of 12 grandchildren. The service was private, followed by inurnment at Spring Grove Cemetery. Memorial donations may be made in Captain Bierbaum's honor to the American Heart Association and the American Cancer Society.

### CAPT Lynn E. McCourt



*Retired CAPT Lynn E. McCourt*

Captain (retired) Lynn E. McCourt, of Georgetown, Texas, passed away on December 16, 2020. Born in Bremerton, Washington, Captain McCourt was the second daughter of US Naval aviator. After receiving a Bachelor of Arts in Nursing in 1967 from the University of Maryland she accepted a commission as an Ensign in the US Naval Reserve. Following her first assignment at the US Naval Hospital Philadelphia, she transferred to the US Naval Hospital in Kenitra, Morocco, where she met

her future husband. CAPT McCourt transitioned from the Navy in 1971 and joined the US Public Health Service in 1978.

As a PHS nurse, CAPT McCourt worked at the Alaska Native Medical Center in Anchorage as part of the Indian Health Service. Eventually joining the Office of Refugee Health, she spent the rest of her career

primarily serving the Native American and refugee communities in areas such as south Florida, New Mexico, south Texas, Cuba, and Puerto Rico. From 1993-1995, she was a member of the Department of State's interagency working group on Bosnia and the Department of Justice's interagency mass immigration planning task force. In 1996 she began serving as a Senior Program Management Officer Consultant at the National Institutes of Health. Captain McCourt was the recipient of the PHS Outstanding Service Medal, several Outstanding Unit Citations and Unit Commendations, the PHS Citation, and the Chief Nurse Award. She retired from active duty in October 1998.

Deeply spiritual and full of faith, CAPT Lynn McCourt met adversity with a smile and her resolute inner strength shone brilliantly during her 16-year fight against cancer. She was an inspiration to many others struggling with cancer-related issues, whom she mentored during her own battle. She is survived by Stephen, her husband of 50 years; their two children, and five grandchildren. A memorial in celebration of her life will be held later. Donations can be made to Texas Oncology Foundation.



# PHS Commissioned Officers Foundation

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

### Gold (\$500)

Dr. Thomas Tarpley ^  
 RADM Marlene Haffner  
 CAPT William H.J. Haffner

### Silver (\$250)

Mr. Brett Cosor \$  
 RADM James Eagen in memory of RADM Marcus  
 Key

### Bronze (\$100)

Dr. Maria Benke ^  
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 CAPT Kathleen Morse in memory of CAPT Bruce  
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### Friends (Under \$100)

CAPT Mark Anderson  
 Mr. Stephen Deming  
 Mrs. Carol Dellapenna

^ C. Everett Koop Living Legacy  
 \* Mishoe Believe Scholarship  
 \$ Disaster Relief Fund  
 All other donations were made to the COF General Fund



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## We Welcome New Members of COA, March 1, 2021 to March 31, 2021

LT Lizette Martinez  
 Dr. Bess Miller  
 LT Stanley Nwabinwe

LCDR Lisa Pigott  
 LT Chenoa Shelton  
 Lcdr Tasha Standing Soldier  
 LT Bijay Tamang

LCDR Jacob VanVleck  
 LTJG Arthur Vitale  
 LT Katherine Vodovoz

# COA Members Vaccinated in Zambia

by Lcdr Jonas Hines, MD

I am serving as a Surveillance Strengthening Technical Advisor for the Centers for Disease Control and Prevention in Zambia. In February, CAPT Simon Agolory and I received our COVID-19 vaccinations in Lusaka. Now fully vaccinated, we will be helping to administer vaccinations to US Embassy staff and family members.



LCDR Jonas Hines and CAPT Simon Agolory with US Embassy staff in Zambia.



LCDR Jonas Hines receives his vaccination.

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**COA**

COA PO Box 189

Cheltenham, MD 20623

**Executive Director**

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

**Chief Financial Officer**

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

**Government Relations  
Director**

Judith Rensberger  
[jrensberger@coausphs.org](mailto:jrensberger@coausphs.org)

**Membership Coordinator**

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

**Director of Administration**

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

**Grants Manager**

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

**Contractor**

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

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