



WHITE SHOE TIMES

Palmetto Chapter Navy Nurse Corps Association

Winter 2020

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PRESIDENT

Alice Bova

alicebova@aol.com

VICE PRESIDENT

Jeff Bashford

ja.bashford15@gmail.com

SECRETARY

Mary Ann Jarmulowicz

jarmulowiczma@cs.com

TREASURER

Arlene Southerland

asailing06@gmail.com

MEMBERSHIP

Maryalice Morrow

maryalicemorro@yahoo.com

SUNSHINE CHAIRMAN

Mary Houser

maryho6nc@aol.com

NEWSLETTER EDITOR

Jerry Davidson

jerrydavid@aol.com

EXOFFICIO ORAL HISTORY CHAPTER REPRESENTATIVE

Jennifer Gorman

jennifergormancapt@gmail.com



Alice Bova

MESSAGE FROM OUR PRESIDENT

Where did this year go? Who cares, right? As long as it ends? I know most of us are ready to say farewell and we only have a few more days left. That being said, our circumstances will not change with the stroke of midnight on December 31st.

As we now know, this will not be a sprint but a marathon. We must all pace ourselves and learn from what this past year has taught us. I can only speak for myself but here are my humble recommendations.

Many things are out of our control so be safe, do what you need to do to keep yourself safe and healthy. Then, find the joy in your lives. Given that we all have our own individual challenges, we can also recognize our blessings. When I look back on this year, I am thankful for SO many things. Mostly for the people in my life and all the positive adventures that shine through the otherwise dismal events that have surrounded us.

- * I celebrate my health (even without dragon boating), my wonderful daughter, her wedding, her new husband, and the addition of his wonderful family to ours.
- * I celebrate all the teachers and acknowledge that my job is nothing compared to what they are navigating at this time.
- * I take solace in the beauty of the Lowcountry; and breathe the fresh air, watch the birds, take walks on

beaches and parks, alone or with a small group.

- * I appreciate friends and family.
- * I listen to music – all kinds and so much is easy to stream online now. Many days however I never get online or listen to news. And yes, I even spent 2 hours cleaning my oven. Can't say it was fun but the final product was very satisfying.

In the end, the trick is to find the positive in every day. Please keep in touch with our members. As we embark on another year of virtual meetings, please reach out to those who are not savvy with Zooming and virtual access to meetings. Our first member Zoom meeting on Saturday, December 5th was a great success!

We are fortunate that NNCA allowed us to use their professional Zoom account which enabled us to have plenty of time to meet so many of our members that do not live close enough to regularly participate in our luncheon meetings in person. We had a short business portion and spent more time “meeting” and getting to know members who joined us virtually from our tri-state region. virtually from GA & western NC & SC. Stay well and I hope to see many of you in the coming year!

VICE PRESIDENT: *Quite a Change*



Jeff Bashford

Get the picture? It has been quite a time of change! Yes, that's my old vehicle on the top and my new one the bottom. And the house in the background – well that's new too! While both have been major events in the last six months, neither compares to the social upheaval I am sure all our members are experiencing in the “new normal”.



My wife and I used to so look forward to that trip from New Bern (NC) to Charleston for formal or purely social gatherings of PCNNCA members and friends old and new. I wrote this and reminisced while preparing for our first annual membership Zoom meeting that many of you linked into. I know we all yearn for the closeness, the spontaneity of actual contact as before, but I hope that with FaceTime and Zoom, just seeing our smiles provides some relief. For those of you who missed it, I encourage you to give it a try and join us next time, if that remains what it takes to share with and support all who are a part of this important endeavor. NNCA and PCNNCA will remain strong and connected as our country overcomes this pandemic. So be safe! Be well! And I will “see” you all soon again. Jeff



MEMBERSHIP

Maryalice Morro - here with President Alice - reports that our membership remains static with approximately 60 members. Although her term as Membership Chair has expired, she agreed to stay on until another one of our members volunteered for this position. Fortunately, that has happened! Maryalice will ensure a smooth transition and all membership activities will proceed smoothly!

SECRETARY



Mary Ann Jarmulowicz

We are pleased to welcome Mary Ann Jarmulowicz to your BOD as our new Secretary, and thank Peggy Williams as she turns over her responsibilities after many years on the Board in many positions.

Mary Ann's message: I responded affirmatively to the Board's email to step into the Secretary position. I semi-retired in 2019 and as I look back on that decision, it was the best one to make. I knew I could put the job of Secretary on my to do list. Like many of you, I plan to put 2020 in the past. What a year! I look forward to meeting using Zoom. I attended several educational offerings using Zoom, and it was a good way to hold a virtual meeting. I look forward to working with all of you and getting the minutes out to you electronically and by mail. See you on Zoom! *(Ed. Note: Please send Mary Ann any information that would benefit all of us, and she'll post that on our PCNNCA FaceBook page. Mary Ann developed and manages our PCNNCA FaceBook group. It is a "closed" group, so if you would like to join, request to be a "friend" by emailing jarmulowiczma@cs.com. See additional info on the last page).*



(L to R) Mary Houser, Sunshine Chair; Arlene Southerland, Treasurer; Mary Ann Jarmulowicz, Secretary

Treasurer, Sunshine and Oral History Reports

Treasurer Arlene Southerland reports that our checking account balance is \$3,535, and our CD is \$5,337. A complete breakdown of our accounts will be provided at the Spring 2021 General Membership Meeting. Mary Houser sends birthday greetings, as well as cards for illness and bereavement.

Please contact her if you know of a member in need. Oral histories have slowed with the cancellations of in person meetings. Hopefully they will resume in a safer 2021!



Jennifer Gorman

Newsletter



Jerry Davidson

My apologies as this edition of your newsletter is a bit late in coming! I'm glad that many of you answered the call for photos and stories, so I decided to take the time to add more to the initial edition I had prepared. If you sent something to me and don't see it in this issue, don't worry - it has been saved for a future edition. Thank you for submitting items of interest that all of our members will enjoy! In the following pages you'll see some great history, personal stories, and of course photos. With no meetings this year, I have substituted some pictures from the past that I'm sure you'll enjoy.

As we wrap up another year, the elephant in the room is COVID 19. As a full time CRNA, this year has been full of challenges and has taken a tremendous toll on each of our communities and also our hospital staff. As I write this on Christmas Eve, our inpatient population is over 50% COVID positive and the mortality rate is high. But there is hope on the horizon if we all receive the vaccine, and as nurses, continue to educate all skeptical members of the public to do their part in getting the shot that will help to overcome this terrible pandemic. Thanks to all of you for your messages of concern as my wife and I recovered from COVID over the summer, and may you all have a Happy, Healthy and vaccinated New Year!



Get the shot!

A Reminder - Directory Changes

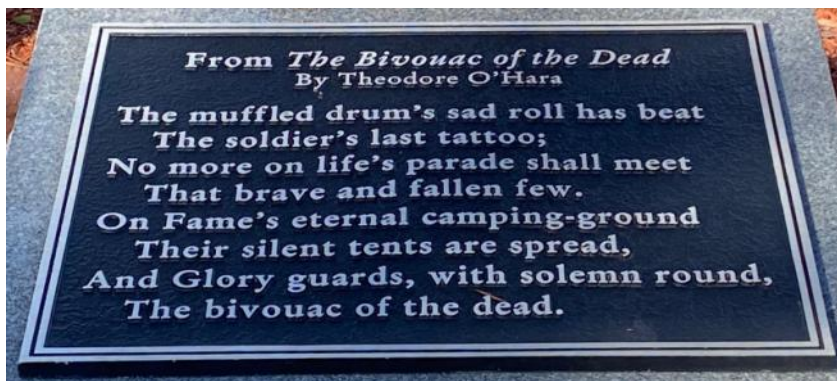
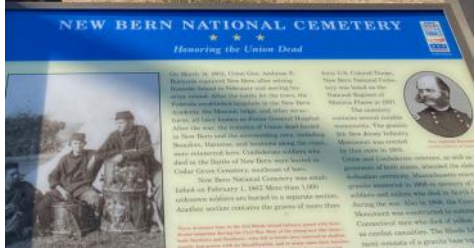
Your 2020 PCNNCA Directory already has several changes. If you missed earlier messages, the changes are as follows:

1. **Mary T. Sullivan** of Beaufort has an incorrect last digit in her phone number. It should read 843-263-072**5**, not 0723
2. **Helen Holbrook** has passed away
3. **Bette Shirley's** new address is: 115 Mountain Springs Drive, Bostic, NC 28018-5729. Her phone number remains the same: 704-671-2059
4. **Marie Senzig's** new address is: PO Box 231, Lyndon Station, WI 53944. Her email address is mssenzig@suddenlink.net
5. **Jeff Bashford's** new address is: 3305A White Drive, Morehead City, NC 28557. New email address is ja.bashford15@gmail.com and mobile contact is 252-626-8777

WREATHS ACROSS AMERICA

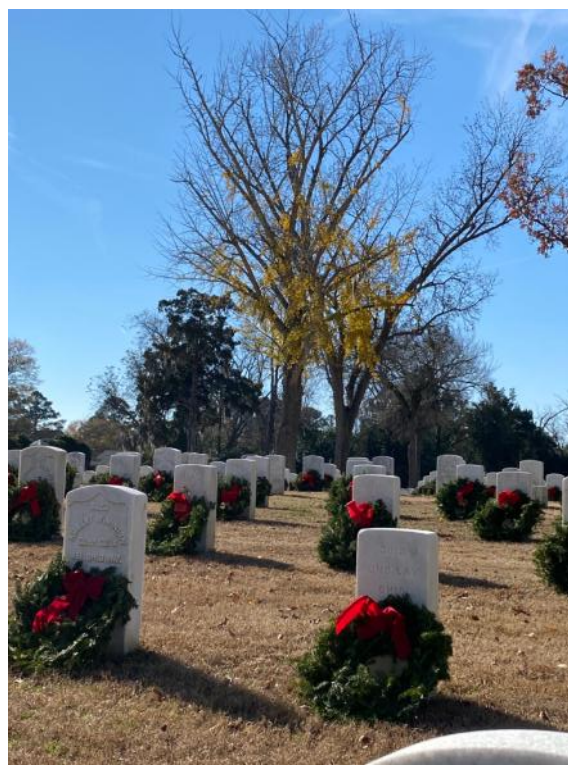
After a presentation from Vice President Jeff Bashford and discussions held over several meetings, your PCNCA Chapter's 2020 donation designee was Wreaths Across America. Jeff and Donna have participated in this event for many years, donating wreaths and laying them at gravesites every December. On National Wreaths Across America Day, the organization's mission is to Remember, Honor and Teach by coordinating wreath-laying ceremonies at Arlington National Cemetery, as well as at more than 2,100 additional locations in all 50 U.S. states, at sea and abroad. In **2021**, the wreath laying will take place on **December 18th**. For more information about the organization and how you can participate in 2021, go to their website: www.wreathsasscrossamerica.org, or call (877) 385-9504 7:30am - 7pm. Participation was greatly curtailed in 2020 due to COVID.

Below and on the following page are pictures submitted from the 2020 WAA Day by members Jeff Bashford, Deb Casavant and Peggy Williams, as well as an acknowledgement from Wreaths Across America for our donation.



Photos from Donna and Jeff Bashford, who laid wreaths at the New Bern National Cemetery in North Carolina, including their own to memorialize Navy nurses who have passed.

HONORING OUR FALLEN



Dear Palmetto Chapter Navy Nurse Corps Association,

We are excited to let you know that PCNNCA has arranged for something very special for this holiday season. On National Wreaths Across America Day, millions of Americans gather and participate in wreath-laying ceremonies honoring our fallen heroes at more than 2200+ locations across the country. These patriots fulfill our beloved mission to Remember, Honor, and Teach.

30+ Wreaths will be placed at the North Charleston Carolina Memorial Park Funerals and Cremations event December 19th, and at the Beaufort National Cemetery.

We hope that you treasure being a part of National Wreaths Across America Day as we treasure the opportunity to make this possible, and we wish you the happiest and safest of holiday seasons. If you would like to learn more about Wreaths Across America, please click [Wreaths Across America](#) to visit our homepage.

Warmest Regards, WAA

Right and left: Deb unloading wreaths from Maine and laying them at Beaufort National Cemetery, SC.



HONORING OUR FALLEN



Beaufort National Cemetery, above



Carolina Memorial Gardens in North Charleston, SC above 2



JENNIFER GORMAN

PCNNCA MEMBER FROM SOUTH CAROLINA



Member Profile: Jennifer Lynn Gorman CAPT, NC, USN/USNR Retired

My Navy Nurse Corps career really began before I was commissioned on July 7, 1976, just after the Bicentennial Celebration. I say that because I came from a family of Navy veterans, including my maternal grandfather, my step/adoptive father, my other brother and my brother-in-law. I had thought about joining the Navy for a while before I actually did, partly because I was still in college/nursing school and did not really want to join during the Vietnam War.

The day after our graduation from SUNY Binghamton, my best friend and I started out on a trip across country from New York to California. She had been a Spanish/Anthropology major and had a job waiting for her there in the Central Valley with VISTA (Volunteers in Service to America, now AMERICORE), working with immigrant farm workers. I was headed for San Diego, where my grandparents and sister's family

lived. While I had hoped to get a nursing job in San Diego, I found a better job (day shift) at Cedars-Sinai Hospital in Los Angeles, so moved there by myself to do that. After four years there, I started seeing Army and Navy recruiters and ended up joining the Navy, who promised to send me to San Diego, where I really wanted to be anyway.



Jennifer taking the oath



CAPT Gorman in mess dress before an event

After officer training in Newport, Rhode Island in late summer/early fall of 1976, I started working at the Naval Medical Center San Diego. I first worked on a general enlisted medical-surgical ward, where we rotated shifts every week! Then I transferred to the Emergency Department, which was an amazing learning experience. The second year there, my third in the Navy, I decided to start graduate school at the University of San Diego, so was able to work straight night shift. By then, I had gotten married to a Navy Chief and was thinking of getting off active duty so I could work as a school nurse, which is mostly what I was studying for my Master's Degree. Part of the reason I wanted to get off active duty was

because, after two one-year extensions, they wanted me to go somewhere overseas, unaccompanied. My husband had the kind of job where he could just transfer from one duty station or ship to another, staying in the San Diego area, and it was unlikely they would move us to the same location. We had also bought a house and wanted to start a family by then.

So, in 1980, I came off active duty, but stayed in the Reserves in a *stand-by* status. I became a school nurse and continued in that career in the same school district (San Diego Unified) until I retired in 2012. Meanwhile, I did have a daughter in 1982 while my husband was actually on a ship at sea for the first month. I'll never forget the first day a brought my infant to the ship to meet her father for the first time!

Once reserve pay billets started to open up in 1982, I became an active drilling reservist. I served in many different positions and units in many places in those next 30 years, eventually retiring from the reserves the same year I retired from the school



USS Nimitz, CVN 68



Jennifer on deck

district, at age 60, since that is when I could start drawing my Navy pension.

During my reserve career, I traveled more and had a much greater variety of jobs than when on active duty. I attended a variety of schools, such as Training Officer School and Admin Officer School, both in New Orleans. I started going to AMSUS almost every year, mostly in San Antonio, but once in Las Vegas! I also did my two weeks annual training in a variety of places, such as Chicago, New Orleans and several times at the Navy Nurse Corps Office in D.C. Besides units in and around San Diego, I did 1-2 year reserve tours in Long Beach, Lemoore, Camp Pendleton, and Riverside, CA, commuting there once a month from San Diego. One year early on, I was stationed at the Naval Clinic at Miramar Naval Air Station and one of my colleagues knew some pilots and arranged for four of us nurses to get orders to the USS Nimitz for our two weeks annual



Bunk berthing on the Nimitz isolation ward



Jennifer (ctr) with colleagues on deck



Shipboard medical library after some needed work

training. We were among the first women and probably the first women officers to be on an aircraft carrier, so we ended up doing some sexual harassment training while there! We also had to sleep in the ward isolation unit in bunk beds most of the time, except for an occasional one night in actual officer quarters. It was also an interesting time in August 1990, just before the Desert Storm conflict and we often wondered whether they might order the Nimitz to that area while we were still on board! But that didn't happen and we were delivered safely back to San Diego.



The most comfortable uniform in the Navy!

In early 1991, I was called back to active duty at the Naval Medical Center San Diego to help backfill for those who were deployed to the Middle East for Desert Storm. I spent about three months there working mostly in the Pediatric Clinic, sometimes as a Nurse Practitioner when needed. Fortunately, my school nurse job was still waiting for me when I was

released that spring.

Another career highlight occurred in the early 2000's when I was on my two-week annual training, filling in for the Chief Nurse for Naval Hospital Camp Pendleton, when the first injured sailors and marines started returning from Operation Iraqi Freedom. Many of the members of my unit and I were there to greet many of them as they were first being admitted for health care.

Ed. Note: Many thanks to Jennifer for sharing her story with us. These profiles are a nice way to get to know a little more about our members. I may be calling you next for our spring newsletter!



Military families are accustomed to hardship and change. They deal with situations that less than one percent of this nation have to due to their service to our country.

Most veteran families can't afford extended hotel stays while their hero is being treated. Fisher House Charleston will save individual families thousands of dollars in accommodation expenses.

75,000 Veteran Families in 22 Coastal Counties Need Your Help.

Go to: <https://friendsoffisherhousecharleston.org>

Are you missing trips to your local library? Member P. Allen Gray has provided the following information to access two sites where E-books can be signed out: the Navy MWR library, and Libby. Happy reading!

Navy MWR Library Program Information

If you open this PDF on a computer connected to the Internet, clicking on active links will bring up indicated information. If you are not using a computer with Internet access, you can copy and paste links to access information.

1. Information regarding the Navy MWR Library Program is available online at:
<https://www.navymwrdigitallibrary.org/>
2. Click on the "DS Logon account" link in the Navy MWR Library Program Welcome narrative to begin the process for obtaining the required DS Logon.
3. After logging in to the Navy MWR Digital Library homepage, you can select from a range of digital resources.
4. Note the Navy MWR OverDrive Collection requires a separate sign on to access eBooks.

Checking out eBooks from your local public library using Libby may be less complicated. In order to use Libby, you must have a valid library account/card from your public library. Libby is available online from both the Apple App Store and from Google Play (for Android). A brief online video about Libby is available near the middle of this site:
<https://www.overdrive.com/apps/libby/>

FREE Entrance to National Parks

To commemorate Veterans Day and honor those who have served in the military, the Trump Administration will provide free entrance to national parks for Gold Star Families and veterans of the U.S. Armed Forces.

Secretary of the Interior David L. Bernhardt announced on October 28 that beginning on Veterans Day 2020 and going forward, Gold Star Families and U.S. military veterans will be granted free access to national parks, wildlife refuges and other federal lands managed by the Department of the Interior. Additionally, lands and waters managed by the USDA Forest Service and US Army Corps of Engineers will be participating in the program. The entrance fee waiver does not cover amenity or user fees for activities such as camping, transportation, special recreation permits or special tours.

For purposes of this program, a veteran is identified as an individual who has served in the United States Armed Forces, including the National Guard and Reserves, and is able to present one of the following forms of identification when entering a national park:

- * Department of Defense Identification Card (CAC Card)
- * Veteran Health Identification Card (VHIC)
- * Veteran ID Card
- * Veterans designation on a state-issued U.S. driver's license or identification card

There are more than 100 national parks with direct connections to the American military, including frontier forts, battlefields, national cemeteries, and memorials. From Minute Man National Historic Park in Massachusetts where colonists stood in defense of their rights to Minuteman Missile National Historic Site in South Dakota which preserves relics related to the Cold War, national parks recall the contributions and selfless service of the military throughout the history of our nation.

Current members of the military and their dependents are eligible for a free annual pass to national parks through the interagency America the Beautiful National Parks and Federal Recreational Lands Pass Program. Other free or discounted passes are available for persons with permanent disabilities, fourth grade students, volunteers, and senior citizens age 62 years or older. In addition, fifth grade students may obtain a voucher for free entrance during the 2020-21 school year by visiting [NPS.gov/kids](https://www.nps.gov/kids).



Ginny Pritchard, center, with Sue Spillane (l), Doris Pearce (sitting), Elinor Kessel (r)

Member News: Ginny Pritchard

An update from Linda Daehn

Our member Ginny Pritchard resides at Savannah Grace Assisted Living in Mount Pleasant, which opened up limited visiting opportunities for residents in mid-October. I stopped by for a visit on Friday October 16 - Ginny was in great spirits, looked healthy though she has limited mobility; her hair is growing out as she cannot visit a hair stylist. She said she felt like a POW, as she can't leave the building except for sitting outside. Like many of us, Ginny was a world traveler - her last big trip was to Morocco! So the COVID

restrictions are tough for her. She especially asked about all of you, and is excited about attending our luncheons, when we are able once again to meet in person.

I urge all of you in the Charleston area to find a few minutes in your busy day to stop by to see her—Ginny was overjoyed to get a visitor, her first one since March.

It's an easy process—visits are limited to 15 minutes, outside (M—F). Contact Selina Turner-Simmons, who is the Bridge To Rediscovery Director at The Palms & Savannah Grace, at 843-388-2030 Ext 2032 or Cell 843-296-6771. She will email you a link to Sign up Genius, so you can make a reservation for a visit, using a code sent in the email. You check in at the main door of Savannah Grace for a temperature check & Covid questions, then walk to the nearby visiting area. The resident is brought out for a chat--everyone is masked, seated & distanced. Selina will also send you a Word document explaining their visitor policy & limitations. If you don't have internet access, I'm sure she will make a reservation for you over the phone.

The one downside of the visit is that the visiting area is near an AC unit which ran constantly & made it hard to hear Ginny--so I asked her caregiver Mary Lee (from Home Instead) to sit with her & repeat what she said. It would be great if you can visit her especially while the weather is mild.

Here's the location of Savannah Grace:

Savannah Grace Assisted Living,
1010 Lake Hunter Circle, Mt Pleasant
(turn onto Lake Hunter Circle from Johnny Dodds frontage road)



Ginny with
Bobbie Miller (l)
and PCNNCA
members (r)
getting ready for
another
Charleston
Veterans Day
parade



IN MEMORIAM



Our member Helen A. Holbrook, 91, of Havelock, died peacefully Sunday, July 12, 2020, at Crystal Coast Hospice House in Newport. Her funeral service was held on August 21 in Morehead City. Burial with military honors is to take place at Arlington National Cemetery on Jan 7, 2021.

Helen was born on February 26, 1929, in Portland, Oregon. She attended many elementary schools as a child. Her last three years of high school were spent in Ouray, Colorado where she graduated as salutatorian of her class. She enrolled in nursing school and became a registered nurse. She earned both Bachelor's and Master's Degrees in Nursing from Boston University. She was honored as a member of Sigma Theta Tau Nursing Honor Society. Helen was commissioned as an officer in the United States Navy Nurse Corps and rose to the rank of Captain. After 26 years of dedicated service, both stateside and overseas which included serving as an Air Evac Nurse, she retired as Director of Nursing at the Cherry Point Naval Hospital.

Helen had a sense of adventure and many hobbies that brought joy to her life. In pursuit of her interest in piano, she sought instruction from Rachel Mundine, a local professional musician. This began a three-decade long friendship that took them from the Arctic Circle to Antarctica and a myriad of locations in between. Helen and Rachel's most memorable travel adventures included the Holy Land, Antarctica, Alaska, and Norway. They navigated a 19-foot outboard from North Carolina to Key West, Florida. Together, they hiked the entire Appalachian Trail. Helen became an accomplished pianist and served as a charter member of the North Carolina Music Association and state treasurer for 24 years. She was honored as treasurer emeritus for the music association in appreciation for her 24 years of service. She was also very active in the musical education of young people and served as a judge for local North Carolina music festivals. Helen was the vice president of La Musique Club of Carteret County and served for many years as production manager of the La Musique Pageants, which were sponsored by the club. Proceeds from the pageant went towards scholarships for young musicians. Helen also enjoyed skiing, boating (both motor and sailing) and golf. Her strong faith compelled her to serve God and her church community as pianist for men's fellowship Sunday school class, tympanist, and choir member for many years. She also served on various other committees for the church.

Helen leaves behind her dearest friend and sister in Christ, Rachel Mundine. Her church family, friends, and the sailors that she mentored will forever cherish her memory.

In lieu of flowers, donations in Helen's memory may be made to First United Methodist at 900 Arendell St., Morehead City, NC 28557 or to the North Carolina Music Association Scholarship Fund, in c/o Rachel Mundine, 580 Lake Rd. Newport, NC 28570.

**Family and friends are welcome to submit online condolences at
www.mundenfuneralhome.net**

A donation was sent from the PCNNCA

NAVAL HISTORY

5 OCTOBER 1863: DEATH OF HORACE HUNLEY

By CAPT James Bloom, Ret, USN

As the experimental Confederate submarine *H.L. HUNLEY* underwent her initial trials in Charleston, an accident on 29 August 1863 while crossing the harbor not only killed her captain, LT John A. Payne, CSN, and four crewmen but dashed the hopes of Charleston's Confederate commander, LTGEN Pierre G.T. Beauregard. Engineer Horace L. Hunley, the boat's undaunted patron, set out to restore confidence in the submarine as a defense against the Union blockade. Confederate Army LT George E. Dixon became *HUNLEY*'s new skipper, and she continued to operate from the Cooper River docks, making numerous successful practice attacks on the steamer *CSS INDIAN CHIEF*, serving at anchor as receiving ship. Hunley himself occasionally commanded the sub on these drills, and such was the case at 0930 this morning. All looked to be normal for the ten minutes it took the submarine to approach *INDIAN CHIEF* on the surface. But when she submerged an unusual trail of bubbles broke the water. Minutes slipped by and nothing more was seen.

Search and recovery commenced in the days the followed. Complicated by the six-fathom depth of the channel, it was not until 7 November that the submarine was recovered. The vessel was found jutting at a 35° angle from the mud, with her nose buried. From the position of her crewmen in death a reconstruction of her demise was postulated. Mr. Hunley's body was found with his head in the forward hatchway, his right hand on his head and an unlit candle in his left. At his feet, the seacock to the ballast tank in the bow was open, but the wrench to turn its valve was lying loose in the bilges. Crewman Thomas Parks was found with his head in the after hatchway, also with his hand over his head in an apparent attempt to push open the hatch (which would have been impossible at that pressure). The bolts securing both hatches had been removed from inside. The seacock to the after ballast tank was closed and the tank had been pumped dry. The crew compartment was flooded except for air pockets in each hatchway. The crew had obviously attempted to remove the keys holding the external lead keel ballast, but the keys had only been partially loosened.

Mr. Hunley was quite familiar with his boat, but perhaps complacency caused him to forget the forward seacock. He must have noted the error in seconds and grabbed a candle to find the wrench. When this effort was overcome by intruding water, he and Parks must have taken refuge in the hatchway air pockets. Both men were able to remove the bolts securing each hatch, and Parks had time to pump the after ballast tank dry. The crew drowned, Parks and Hunley probably ran out of oxygen a short time later.

Department of the Navy, Naval History Division. Dictionary of American Naval Fighting Ships, Vol 1 "A". Washington, DC: GPO, 1991, pp. 531-32, 536.

Ragan, Mark K. Union and Confederate Submarine Warfare in the Civil War. Mason City, IO: Savas Pub., 1999, pp. 127-28, 138-146.

Silverstone, Paul H. Warships of the Civil War Navies. Annapolis, MD: USNI Press, 1989, p. 240.

Site visit. Warren Lasch Conservation Center, North Charleston, South Carolina (*H.L. Hunley* preservation site), October 2004.

ADDITIONAL NOTES

H.L. HUNLEY's intended attack profile called for the submarine to trail a floating explosive charge from a long line attached to her stern. She was to approach her target on the surface, submerge and pass underneath, then re-surface and continue forward, pulling the trailing charge against the target. But as a result of the accidents above LTGEN Beauregard forbade submerged operations. Dixon then re-mounted the explosive on a spar extending from the bow, to allow a ramming-style attack from the surface.

(Cont'd next page)

(Hunley, Cont'd from previous page)

After the sub's recovery in November the *Charleston Post and Courier* carried an article detailing the grotesque measures that were necessary to remove the bloated bodies through *HUNLEY's* narrow hatches. Mr. Hunley and the crewmen were interred with full military honors in Magnolia Cemetery north of the city. Their graves are still honored by Charlestonians in the 21st century.

LT Dixon and his replacement crew also died aboard *H.L. HUNLEY* four months later on 17 February 1864 during the successful attack on *USS HOUSATONIC* just outside Charleston Harbor.



Don't worry, be happy! Ephesians 5 and Bobby McFerrin's song. Yesterday was another chemo and immune Tx day. Jeremiah from my church drove Miss Daisy. I went from there to the neurosurgeons office and they ordered a brain MRI. The oncologist ordered a bone scan, and the breast surgeon this week saw a small mass in my breast on ultrasound so she ordered a breast MRI. I think my dance card is full. The Endocrinologist ordered me to start synthroid as the immunotherapy made me hypothyroid. On the bright side, Mary Ann brought me Christmas cookies, my neighbor George



Happy Halloween!

brought me a Zingermanns coffee cake, my neighbors Cathy and Ed gave me a huge poinsettia, and my dear friend from the Navy sent me beautiful white roses. Thank you all for your acts of kindness. Rod's sister and her husband sent me a beautiful table arrangement just in time for a 24 hour visit my baby sister, Claudia and her husband Gary. I go for my breast MRI with Mary Webb on Wednesday. God tells us to view the persistent problems in our lives as rich opportunities to ask Him to assist during this difficulty. Be grateful for the problems in our lives because once we are grateful, it's power to drag us down is defeated. I pray each and everyone of you has a blessed Christmas and a healthy NEW YEAR!!!! **Emalynn Tate**



Setting out flags for the Daniel Island Exchange Club



Taking up art



(Ed. Note: Emalynn has met a challenging 2020 with courage, grace, faith and a great sense of humor. She is truly an inspiration for us all!)

For those in the Charleston area,

Emalynn has an ongoing need for transportation to her treatment appointments as she is no longer able to drive following several brain surgeries. If you can spare a few hours on an appointment day, please call her directly at 410-507-0746.



*The ring ceremony
Stella Maris Church*



*Announcing the marriage of
Liann Bova and Parker Havis
on 10/30/20
Sullivans Island, SC*

*At right, pre-wedding with Abby,
Liann and mother Alice Bova
Congratulations!*



Announcing Magdalena P. Jarmulowicz, as told by Grandma Mary

Magdalena P. Jarmulowicz decided to join the Jarmulowicz family on 7/11/2020 at 8:30 AM. She weighed 7 lbs. 1 oz. and was 19 inches long. The motto for the Jarmulowicz Family is *Never a dull moment* and Maggie decided to be a strong contributor to this motto. So...there is a story here!

Maggie's due date was the 24th of July and I decided to be in Huntsville, AL to help out as needed and to celebrate Katie's, granddaughter #1, birthday on 7/10. Marie, my daughter-in-law, is a nurse practitioner and was scheduled to work the night shift in Birmingham, AL which is an hour and a half away from home. Like all good nurses, she went to work the evening of the 10th. My son woke me up at 1 AM on the 11th to tell me that Marie's water broke and he was meeting her at a rest stop on Interstate 65 to drive her the rest of the way to the hospital. She was checked at work and told she had time to travel back to Huntsville for the delivery. This is where grandma comes in. Because of COVID -19, Marc, my son, had to stay at the hospital with Marie and Maggie till discharge. Grandma and Katie had two fun days together. It had been a while since I took care of a 9-year-old.



Magdalena Jarmulowicz is named after her paternal great grandmother. Mamma was a snowbird from Utica, NY and attended some of the PCNNCA meetings as a guest. Pictured at left from left to right is Wesley, my husband; Magdalena Jarmulowicz, mamma; and I.



Marc Jarmulowicz is the proud father. However, after being in the delivery room and taking part in cutting the umbilical cord, he stated he felt like he experienced some PTSD! I plan to return to Huntsville, Alabama this month, to serve as a back-up when Marie returns to work. Next year we will celebrate Katie's birthday on 7/10, Maggie's birthday on 7/11 and my birthday on 7/17. A week full of festivities!

Congratulations Mary!



Ralph H. Johnson VA News, Needs and Events

Department of Veterans Affairs COVID-19 Vaccine Information

VACCINES ARE BEING GIVEN NOW

VA is working with the Centers for Disease Control and Prevention (CDC) to develop a phased distribution plan that will maximize benefits to Veterans and employees. The goal is to offer the COVID-19 vaccine to all health care personnel and Veterans who want it when sufficient vaccine supply is available. Initially, however, there will be limited vaccine supply. VA is currently planning to first offer the COVID-19 vaccine to health care personnel in high-risk health care settings. Vaccinating high-risk health care personnel ensures that a strong and healthy workforce is available to continue caring for Veterans. The VA is now offering the vaccine to high-risk Veterans. VA's ultimate goal is to offer it to all Veterans and employees who want to be vaccinated. The Ralph H. Johnson VA Medical Center has a local taskforce working on a phased distribution plan for staff and Veterans

Vaccines have been offered to these 2 groups:

Veterans living in our long-term care facilities, *and*
VA health care personnel.

Vaccinating our VA health care personnel helps us continue providing care for Veterans.

We're beginning to offer vaccines to more Veterans who are at high risk of severe illness from COVID-19.

If you're eligible to get a vaccine, your VA health care team will contact you. You don't need to reserve a vaccine, or come to a VA facility to request or receive a vaccine until we contact you. Our staff will only provide vaccines to Veterans who are currently eligible for one based on VA and CDC risk criteria.

If you have questions about how your personal risk for COVID-19 will determine when you can get a vaccine, send a secure message to your VA health care provider. If you don't receive care at VA, contact your primary health care provider. To learn more about people at increased risk, go to the CDC website.

Please stay connected to our medical center social media sites and website for updated COVID-19 vaccine information as it becomes available.

Website: www.charleston.va.gov

Facebook: <https://www.facebook.com/VAMCCharleston>

Twitter: <https://twitter.com/CharlestonVAMC>

Instagram: <https://www.instagram.com/charlestonvamc/>

Ralph H. Johnson VA News, Needs and Events

Thank you for your continued support of Veterans in the Lowcountry!

Office of Community Engagement & Veteran Experience

Ralph H. Johnson VAMC

109 Bee St., Charleston SC 29401

Office: 843-789-7230 Fax: 843-579-2761

Email: vhachavavs@va.gov

www.charleston.va.gov/giving

Donation Needs Charleston Area Locations

Gift Cards & Bus passes:

Uber and Lyft (\$5 & \$10)

McDonald's (\$10)

Starbucks (\$10)

Fuel Cards (\$10)

CARTA Low Income Bus passes

Peanut Butter and Jelly

Bath Towels

Blankets

Mens underwear and t-shirts - Med, Lrg, 2XL & 3XL

Mens sweatpants - Med, Lrg, 2XL & 3XL

Womens sweatpants and sweatshirts-- All sizes

Men's & Women's Tennis Shoes-- All Sizes

Men's & Women's Sweatpants - All Sizes

2 (100 cup) coffee urns

56 quart-size plastic containers

Ziploc bags – quart-size and gallon-size

Male Body Wash

Shampoo

Adult coloring books

Word find puzzle books

VA Canteen Coupon Books (or monetary donation for purchase)

Individually packaged snacks

Recruiting for Winter 2021 Series Has Begun

Spots tend to fill-up quickly, but we will try to accommodate as many Veterans as possible.

Veterans with no previous golf experience are welcome.

Golf equipment provided if needed for the clinics.

Day -- Dates --Location

Day: Wednesday - January 13 - March 3, 2021

Time: 2:00-4:00 pm

Location: Kiawah Island Resort

Cougar Point

12 Kiawah Island Drive, Kiawah Island, SC 29455

PGAHOPE

HELPING OUR PATRIOTS EVERYWHERE

Charleston

Blast from the Past

Submitted by Mary Ann Jarmulowicz



The background of Mary's story: I am pictured with EAF, a pregnant patient who is in labor. I was stationed in Sigonella, Sicily from 1977 to 1979 (18 months) with then LT Lisa Hiles. As many of you know, 2 Navy Nurses at a small clinic during those years did duty every other day and every other weekend. This is where Capt. Lisa Hiles and I began our friendship that lasted 37 years.

The following article was written in 1978 for Military News by J. W. Deneale, LTjg, USN Public Affairs Officer, VP-45

The record is now perfect for the Pelicans of VP-45. Two back to back deployments to Sigonella, Sicily have yielded two emergency ready one launches for birth complications.

On July 11, 1979 at 1900 local, the Pelican duty office received a request for them to launch their ready one aircraft in support of VR-24, also stationed at Sigonella. The VR-24 aircraft assigned to the task had developed mechanical problems and was unable to take Mrs. M.A.F to Naples for delivery of her baby.

The ready one crew, combat air crew (CAC) Eleven had their P-30 airborne only 40 minutes from the initial call. The professionalism on the part of the crew: Plane Commander, LTJG Steve Rose; Co-Pilot, Roger Neal; and Radar Operator, AW3 Leon Paeth; and Medical Staff, CDR James A Blows MC; LT Mary Ann Jarmulowicz NC; and HM3 Dave Layneux made for an expedient smooth evolution.

The aircraft landed in Naples, Italy only 55 minutes from take off from Sigonella, Sicily with the help of Roma and Naples controllers who helped direct the flight on a direct route by clearing runways for a straight in approach.

Once on the ground, an ambulance speeded the mother and medical staff to the Naval Regional Medical Center, Naples. Only 20 minutes after arrival baby EAF was born; healthy at 7 lbs. and 20 inches long. The father, AD2 TF, is elated with his new family member. On behalf of CAC Eleven and the Pelicans, we are happy that our part helped EAF begin her new life together with her family.



Arlington National Cemetery is running out of room for interments, and the proposed eligibility changes for interment and inurnment at ANC are designed to extend the life of the cemetery. *Unfortunately, if the eligibility changes are approved, many who had planned for an in-ground burial at ANC will have to change plans.* Although many VA cemeteries are available, full military honors with caisson are not available at most VA cemeteries. The fiscal 2019 National Defense Authorization Act directed the Army secretary to establish revised eligibility criteria to keep the cemetery functioning as an active burial ground for 150 years. *The proposed changes to eligibility are service- and mission-*

discriminatory and do not account for all-important military honors for those who would be forced to use a different cemetery. Contact your elected officials to voice your concern over these changes and verify your eligibility for burial at ANC if this was part of your estate planning.

Central Bucks School Nurse Gladys Nelson and the Conquest of Polio

Originally published in the Bucks County Courier Times on 11/16/2020

Reprinted with kind permission of the author, Carl LaVO

Editors Note: Although I was raised in Bucks County, where all of my immediate family still reside, I was totally unaware of Gladys Nelson and her role in conquering the polio epidemic until reading this article by Mr. LaVO. I found it to be an amazing, untold piece of history worth sharing in the midst of our current pandemic. Most striking to me is the difference in attitudes between then and now regarding the public's trust of science and the medical community. Like many of you, I remember as a child receiving my polio vaccine on a sugar cube in Sunday school, not with fear but excitement at the prospect of being protected from polio. Hopefully, many of our citizens will again be enlightened about the safety and efficacy of vaccines and participate in the COVID vaccination program.

About the author: Carl LaVO is an accomplished author and contributing writer to Naval History magazine and Proceedings. He has four published by the Naval Institute Press on submarine history. His father and his wife's father served on destroyers in the Pacific during WWII, both involved in the Battle of Leyte Gulf and many other skirmishes.



Child being immunized with the polio vaccine.

Courtesy Carol Ferguson

I remember the other pandemic-like scare. The one in the 1950s paralyzing and killing kids. Mom and Dad sternly warned me and my sisters not to play in puddled water. Nor ride a bicycle through it. Parents believed the water contained the deadly polio virus that caused infantile paralysis. If you got it and were lucky to survive, you might spend the rest of your short life in an "iron lung," a nightmarish mechanical monster that kept you breathing.

To fight the epidemic when much was unknown, towns where I lived in California spread chemicals on stagnant water. Social distancing took effect as well. Theaters, swimming pools, churches, schools and public meeting places closed whenever there was a substantial outbreak. Parents

lived in fear, desperate to protect their children. Rumors spread relentlessly: Italian immigrants brought the virus. Car exhaust caused the disease. Cats spread it. None of it true.

Like the COVID-19 outbreak, most people infected showed no symptoms at all. In those that did, most believed it was typical flu. Sore throat, fever, tiredness, headache, a stiff neck, stomach pain. With polio, the ingested virus traveled from the spinal cord up into the brainstem, causing damage. One out of every 200 patients ended up paralyzed. Of them, one in 10 died.

Eventually the truth about the virus became known. It came primarily through contact with feces and untreated sewage. Airborne droplets from an infected individual also were suspect. Symptoms showed up 6-to-20 days after infection making it hard to track. Sound familiar? Those infected remained contagious for two weeks.

It took years of arduous scientific research funded by the March of Dimes before Dr. Jonas Salk and his medical team in Pittsburgh developed a promising vaccine. In February 1954, students in the city's Arsenal Public School received the first doses of a "killed virus" proven to be effective. Over the next year, more than 1.8 million grade schoolers got the vaccine and became "Polio Pioneers." The trial series of three shots were a resounding success by April 1955. The announcement drew headlines across the country with Salk achieving historic stature. Mass inoculations began in August. To administer 4 million shots, the federal government mobilized 220,000 volunteers, 20,000 doctors, 64,000 school



Children and adults line up for polio shots in the mid-1950s. *Courtesy Carol Ferguson*



Dr. Jonas Salk in an appearance in 1988 before the U.S. Centers for Disease Control. *Courtesy CDC*

employees and many more volunteer citizens to staff clinics.

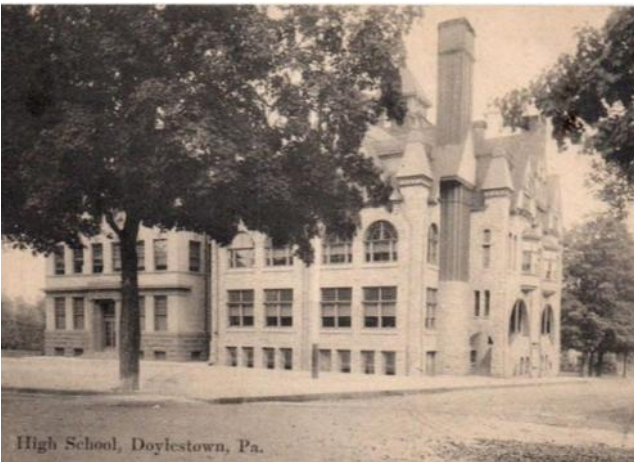
That effort began in Doylestown. Gladys Nickleby Nelson took the lead. She was the first African-American RN hired by the Doylestown School District to be school nurse. She opened and managed the very first U.S. clinic to inoculate citizens. “The polio clinic was the idea of Dr. Salk who was a friend of Dr. James Work, president of The Farm School (now Delaware Valley University),” according to Nancy Nelson, Gladys’ daughter. “Dr. Work contacted the school board who in turn contacted Mrs. Marian Francofiera (principal of the school at Broad and Court Streets). My mother spearheaded the setup of the clinic, coordinating nurses, doctors and community volunteers to help.”

“The clinic may have been opened for as long as two weeks. The shots were given to the

youth of the community and then anyone else who wanted to receive it. All were invited.” Dr. Salk was so pleased with Nurse Nelson’s efficiency he asked her to establish other clinics. The national campaign radiated from her. Between 1955 and 1962, medics administered 400 million doses of the Salk vaccine at thousands of clinics patterned after the Doylestown facility. Cases of polio began a steep decline - dipping from 14,647 in 1955 to less than 100 per year in the 1960s.



Gladys Nickleby Nelson, RN., who founded the first polio clinic in the U.S. in Doylestown in the 1950s. *Courtesy Doylestown Historical Society*



Doylestown’s public school in 1954 where nurse Gladys Nelson established the first polio clinic in the U.S.

Courtesy Carol Ferguson

daughter. “Plus, her school nursing job where over the years she gained five more schools in the Central Bucks School District by her retirement. My mother was a busy lady but always had time for her family. She loved working with the youth and helping where needed.”

Having devoted herself to her community, she retired in 1983 and passed away in 2003. She is buried alongside her husband Randall in Doylestown Historic Cemetery.

By the 1970s, only 10 cases a year were reported.

Since 1979, not a single case of polio originating in the U.S. has been reported, according to polioeradication.org. But active poliovirus can still be found in Pakistan and Afghanistan. Without vaccination, less-developed areas of the world are at risk. Rotary International’s PolioPlus program is leading efforts to combat the disease.

In Bucks, the county health department today recommends four doses of polio vaccine at 2 months, 4 months, 6-18 months and 4-6 years of age to be fully inoculated. Adults who received the vaccine as children are immune to the disease.

As for Gladys Nelson, she continued caring for students and staff in Doylestown in a 32- year career. “My mother was involved in Easter Seals and the Red Cross,” said her

Sources include “Gladys Nickleby Nelson: An Unsung Hero of Polio Eradication Having Opened the First Polio Immunization Clinic in the United States” by Pamela Sergey with Nancy Nelson; “When Polio Triggered Fear and Panic Among Parents in the 1950s” posted on the web at www.history.com/news/polio-fear-post-wwii-era, and “Polio Global Eradication Effort: Every Last Child” on the web at polioeradication.org. Thanks also to polio survivor Carol Ferguson who tipped me off to the story of Nurse Nelson. Carol contracted the disease in 1954 with minimal symptoms until the late 1990s. She subsequently founded the PA Polio Survivors Network (PPSN).

North Dakota nurse at Pearl Harbor held onto vivid images of 'date which will live in infamy'

A U.S. Navy nurse and North Dakota native, who survived the surprise attack on Pearl Harbor on Dec. 7, 1941, died just shy of her 100th birthday, but she left behind haunting words about that day.

Reprinted with the kind permission of the author: Tracy Briggs | Forum Communications Company | Dec 7th, 2020



Agnes Shurr was one of few surviving nurses from Pearl Harbor when she died at the age of 99 in 2015. Her memories of the surprise attack can be heard in the Library of Congress Veteran's History Project. *Grand Forks Herald file photo*

Looking back, it's kind of funny what went through Agnes Shurr's mind when she was awakened in Pearl Harbor, Hawaii around 8 a.m. Sunday, Dec 7, 1941.

"I was sleeping in. And the first thing I thought was that I missed breakfast. It was about five minutes after eight, and we couldn't have breakfast any later than eight," recalled the U.S. Navy nurse and North Dakota native.

But initial thoughts of eggs and bacon subsided when she realized all hell was breaking loose.

"The alarm sounded and then I heard, 'Man your duty stations, this is no drill!' That was repeated twice, and I looked out the porthole, and some of the officers were running up and down the ship and they never, ever do that," she said.

It's easy to feel a little transfixed listening on video to the soft-spoken Shurr recall her memories of what President Franklin Delano Roosevelt called "a date which will live in infamy" - a day that ended with the deaths of more than 2,400 Americans, a severely damaged U.S. Pacific Fleet and the moment that ushered the United States into World War II. Shurr died in 2015 just shy of her 100th birthday, but her experiences as a Navy nurse aboard the hospital ship USS Solace during the Pearl Harbor attack live on for all of us to hear.

Like thousands of other veterans, Shurr was interviewed for The Veterans History Project (VHP) of the Library of Congress American Folklife Center. For years, the project has collected and preserved firsthand interviews and narratives of United States military veterans from World War I through the present.

Shurr is one of many Pearl Harbor survivors who called Minnesota or the Dakotas home. (See below). Many of them are now gone, but their stories help new generations of Americans get a firsthand feel for what it must have been like to be in Hawaii that warm morning in December. Shurr, who went on to a storied career in the military and in nursing, spoke with Forum Communications reporters about her life over the years. But

this is the first time many people are hearing her voice tell the story directly. And it's a tale worth hearing.

Shurr was born in October 1915 the second of five children. She was raised on a farm near Glenburn in northcentral North Dakota, about as far from an ocean as she could be. Her father farmed. Her mother was a nurse. She followed in her mother's footsteps, becoming a nurse in 1936. She took a job in Rochester, Minnesota, but after a year of work, she "longed for a change of scenery." She inquired about nursing opportunities throughout the United States. It was the U.S. Navy who responded first, and she was sold.

"They could give me financial security, take care of me when I was sick and they had a nice retirement plan. Plus, I wanted to see the world," Shurr told the interviewer



Agnes Shurr, of Glenburn, N.D., said she joined the Navy to see the world and she did in a career that lasted 20 years. *Submitted photo*

from The Veteran's History Project.

But her family was less than thrilled. Her father worried she'd never get home. But Agnes told him she'd be home more because the Navy gave her two weeks vacation, while many other nursing jobs only gave her one. "Then there was a neighbor lady who said, 'Well, all of your patients will be men' and I thought, 'Well they're easier to take care of than women oftentimes,'" Shurr said with a laugh. And she would take care of thousands of men over the course of her career. Some of the most horrific injuries happened that Sunday morning at Pearl Harbor.

'We always thought that we were invincible, sort of'

Shurr says until that Sunday morning, she didn't feel especially worried about being under attack from the Japanese. "I thought they had better targets," she said. "We always thought that we were invincible, sort of." But there was no mistaking it: That Sunday morning, the Pacific Fleet at Pearl Harbor was the target and would be for the next hour and 15 minutes.

"I looked out another porthole, and I saw this plane with the rising sun on the bottom of it coming in, and several ships had already been hit and there was black smoke coming up from them. And one of them was listed way to the side," Shurr said. She immediately went down to her duty station. There were no portholes, so she couldn't see what was going on, but she could hear it and feel it.

"The ship that was anchored next to us was sending anti-aircraft fire into the air just very rapidly. And of course it was very noisy, and the bombs would shake the ship," she said. In no time at all, the patients started coming. "There were a lot of casualties. Mostly burns — very bad burns, flash burns, first, second, third-degree burns, some broken bones, some shrapnel," Shurr said. "But of course, there were a lot of people that died that we didn't ever see before they were able to come to the ship."

One of the images burned into Shurr's brain — something that stuck with her for decades — was the con-



The USS Solace was one of two hospital ships in Pearl Harbor on Dec. 7, 1941. It was not hit during the surprise attack, but instead served the hundreds of injured sailors. Photo courtesy: U.S. Navy

trasting images of black and white that morning. She says because it was Sunday morning, some sailors were already up on deck in their dress white uniforms and polished shoes, ready to go into Honolulu on liberty. But their plans changed seconds later. "Those sailors in their dress whites got into the liberty boats and went over to the ships that were in trouble. There were a lot of sailors in the water — that oily, black water. They picked them up and brought them to the ship," she recalled

Shurr says the hospital ship was busy all day, but the chief nurse insisted all the nurses (except for one who would remain on duty) should gather together in the boardroom

where the executive officer of the ship would speak to them about the day's events. "He came down and said that we didn't know what the Japanese were going to do next, whether they would be coming back or what would happen. He said we're kind of like rats in a trap. We've had a lot of damage, but we're here doing what we're supposed to be doing, and we could all be thankful for that.

The USS Solace, which held about 400 patients, was a converted passenger ship and had just been commissioned by the Navy a few months earlier. It was not hit during the attack but sent motor launches to the doomed ships, including the Arizona, the West Virginia and the Oklahoma. Shurr said in the coming days and weeks, some patients were evacuated by air or sea, "as many as were able to make that trip back to the States,"

she said. In March 1942, USS Solace was ordered to the South Pacific, and its nurses, including Shurr, spent the next three years shuttling between New Zealand, Australia and battle zones, caring for servicemen wounded in the island campaigns.

Shurr stayed in the Navy for 20 years, including duty during the Korean War when she rode aboard transport planes that brought wounded soldiers from hospitals in Japan to Hawaii. By the time she left the service in 1958, she had reached the rank of commander.

In her Veterans History Project interview, she downplayed what she did and the many medals she earned. "I got the medals just for being there," she said, "It wasn't hard at all."

While in the Navy, Shurr was trained as a nurse anesthetist. Upon retirement from the navy, she returned to Grand Forks, to start a



school for nurse anesthetists at St. Michael's Hospital. In 1967,

she accepted an appointment to be part of the faculty at the College of Nursing at the University of North Dakota. She was later promoted to professor. She retired in 1977.

She stayed busy with volunteer work and as "Aunt Aggie" to her many nieces and nephews. She was gracious when asked to share her memories of Pearl Harbor, saying it was important to remember, but she also told Chuck Haga from The Grand Forks Herald in 2011 that she chose not to dwell in the past and on the bad things that have happened or any hatred it inspired. "Some things," she said, "it's just as important to forget as to remember."

Agnes Shurr told The Grand Forks Herald in 2011, "We used to have that slogan - 'Remember Pearl Harbor, and Keep America Alert.' I think it's right that we stay aware of our security." But she also insisted that America not dwell in the past and remember the bad things all the time. *Grand Forks Herald file photo*



Agnes Shurr, kneeling, says many of the men she cared for at Pearl Harbor suffered from serious burns. This photo was taken while she was a flight nurse during the Korean War. *Submitted photo*

What seven ICU nurses want you to know about the battle against covid-19

They have been at this for almost a year. While politicians argued about masks, superspreader weddings made the news, a presidential election came and went, and at least 350,000 Americans died, nurses reported for work. The Post asked seven ICU nurses what it's been like to care for the sickest covid patients. This is what they want you to know.

Please type this link into your search engine for an outstanding article on how our frontline nurses are caring and coping with COVID 19 patients. An important story to read and share: [What seven ICU nurses want Americans to know about COVID - Washington Post](#)



IGNORED WARNINGS LEFT THE MILITARY HEALTH SYSTEM UNPREPARED

BY DAN GRAZIER | FILED UNDER ANALYSIS | MAY 11, 2020



New Yorkers crowded into Manhattan's West Side in defiance of social distancing bans to welcome the USNS Comfort's glide into the city's harbor on March 30. In addition to providing some relief to the city's besieged hospitals, the large white ship with its red crosses gave the appearance of a powerful symbol of the military's ability to respond to a crisis. What most of the apparently grateful people lining the waterfront did not know is that the military's health system has been gutted in recent years despite repeated warnings from medical professionals.

The public show of military doctors aiding in the coronavirus response belies the fact that the military health system lacks the ability to handle even the routine health needs of the services during normal conditions. A Defense Department Inspector General investigation found, for example, that because of a shortage of doctors, the Langley Air Force

hospital in Virginia had only one provider for every 1,600 patients even though regulations require there be only 1,250 patients per provider—a regulation that still leaves a burdensome caseload. These shortages, the inspector general found, meant patients “may have been at risk of increased health complications due to longer wait times.”

As will be discussed below, those shortages are due in large part to placing a much higher priority on spending for pet weapons programs. Evidence of this can be seen in the service's most recent so-called unfunded priorities list, through which services try to get money for programs that were not included in the department's regular annual budget request. The Navy did request \$11.6 million to upgrade the USNS Mercy hospital ship, but that was the only health care related request on any of the service's wish lists. They devoted the rest of their \$5.42 billion request to things like a submarine, F-35s, and missiles. The Army is requesting over \$7 billion, more than half of which is meant to pay for current overseas operations. Of what remains, the Army has earmarked a third to purchase helicopters, armored vehicles, and simulators. The rest is to build barracks and childcare centers, and to pay for building renovations. None goes to health care. The Air Force similarly did not request additional funds for health care. Unless quick action is taken, the services may not have enough doctors and nurses to respond to either a domestic crisis or battlefield needs when the nation goes to war.

The nation has already seen a preview of the coming crisis in military medicine when the Army had to reach out to retired military doctors and medics to return to service as part of a voluntary recall to help fight the coronavirus. Fortunately, many were listening because within days of notifications being sent to more than 800,000 former soldiers, approximately 25,000 volunteers stepped forward to backfill positions in military treatment facilities as troops deployed to the field hospitals now popping up in American cities to deal with patients stricken by the virus.

Undoubtedly, military leaders resorted to such measures due to the scale of the coronavirus response. But a review of government reports and medical journal articles, as well as conversations with military doctors, shows that years of reduced spending on the Defense Department's health services, reductions to the medical corps staff, and efforts to outsource military health care to civilian hospitals strained the system long before the virus emerged and set the stage to have to resort to volunteers.

Ignored Warnings

The Government Accountability Office warned in February 2018 that the military health system lacked the capacity to handle routine medical needs, to say nothing of a surge like the one we are experiencing with the coronavirus or that would result the next time we go to war. Service leaders interviewed for the study reported shortages of doctors with key specialties including general surgery, orthopedic surgery, and family medicine. “Until DOD is able to alleviate gaps in critical specialties, it may be hindered in its ability to provide medical support for its servicemembers during wartime,” the report said.

Yet from its peak in 2011 to the present, the budget for military health care largely remained flat. Spending levels have not even been keeping up with inflation, which amounts to a spending cut. In an effort to make the accounts balance, the Defense Department proposed eliminating 15,000 military doctors and nurses in the fiscal year 2018 budget request. Pentagon leaders want to outsource a large part of military medical care to civilian hospitals to allow its physicians to focus on battlefield medicine and free up manpower slots for other combat-related jobs. The leaders of the congressional armed services committees received a letter on July 19, 2019, urging them to reject the plan. The letter, signed by 17 medical associations including the American Academy of Family Physicians, the American Medical Association, and the Society of Critical Care Medicine, warned that the military health system was already overburdened and struggling to “handle the basic health needs of our country's Armed Forces and their families.” Congress listened this time and told the Pentagon to carefully review the medical needs of the services further before making any new cuts, but earlier changes had already left the military health service in a precarious position.

In the last few years before the coronavirus began spreading around the globe, military doctors flooded medical journals and the nation's op-ed pages with warnings of an impending crisis within the military's medical corps. A smaller medical corps increases the burdens placed on the remaining personnel, a burden that is having a cascading effect throughout the entire system. A group of six Army and Air Force doctors published an article in April 2019 detailing faculty burnout at the military's graduate medical education programs because of an increasing number of deployments and a lack of administrative support. The authors warned of the

impact on the medical corps in the future. “Physician burnout presents a direct and immediate threat to the vitality of a [graduate medical education] program and may adversely affect the quality of education delivered.”

In June 2019 retired Vice Admiral Michael Cowan, the Navy’s 34th surgeon general, warned that the military’s medical services had already been stripped of their excess capacity and any further cuts could permanently damage the entire system. “My college physics professor was fond of stating that a 20 percent change in a physical system was a threat to the system itself,” he wrote. “The current proposal to implement a 20 percent reduction in forces without compensating resources represent an existential threat to military medicine.”

Three former Army, Navy, and Air Force surgeons general published a column in July 2019 prophetically warning that the medical corps operated near maximum capacity under normal circumstances and had little ability to respond to a crisis such as a surge in medical needs when a war breaks out. “If even one of these ‘high-risk, high-regret’ consequences unfolds, the percent of those dying from wounds will increase, the all-volunteer force will suffer, and we may be forced to again draft medical personnel—including physicians,” they wrote.

Military Health Spending Flattened as Procurement Costs Increased

Looking at historical budget data provides some insight into defense priorities. Pentagon funding ebbs and flows over time based on the state of the world and domestic politics. This has been especially true over the last 20 years. While the topline defense budget has trended up during that time, spending levels for the military health system stagnated and, because of inflation, have been effectively cut. The White House proposed a 5% increase for the overall Pentagon budget for 2020, but spending on the military health system went down by 2.3% from 2019 to 2020.

The Budget Control Act of 2011 that, in part, imposed caps on discretionary spending included caps on spending on defense. Pentagon leaders and their allies found some ways around the caps, most often by sneaking regular military spending into the Overseas Contingency Operations fund. Still, the Budget Control Act did force service leaders to make some choices.

As is often the case, though, they placed top priority on acquisitions projects at the expense of essential missions like maintenance and medical capabilities. In 2016, the Pentagon spent \$177.5 billion on major weapon systems. That spending increased to \$243.4 billion in the 2021 budget request, a 37% increase to pay for things like five littoral combat ships, a class of ships that have never worked properly and the Navy wants to scrap; and \$2.85 billion for the Air Force’s KC-46 aerial refueler program, an aircraft so full of problems that airmen aren’t allowed to use them in training. While lawmakers lavished money on the procurement portion of the budget, spending levels on the military health system remained stagnant. Only after a worldwide health crisis made clear how desperate the shortages were in the military medical community did anyone seek to do something about it. The coronavirus stimulus package included \$3.8 billion for the military to purchase personal protective equipment, increase the capacity of its hospitals, and fund research into a vaccine.

Outsourcing Military Health Care Reduces Capacity

During the 2020 budget cycle, Pentagon leaders wanted to cut more than 17,000 uniformed doctors, dentists, nurses, and medical support staff from the three service medical corps. Citing cost concerns and a medical staff filled with specialties not needed on the battlefield, the proposal would have seen the Army’s medical staff shed 7,300 positions while the Navy and Air Force would have each cut approximately 5,300. The proposal found some support on Capitol Hill, but was ultimately rejected in the final version of the national defense authorization act pending further study on the potential impacts.

The proposed cuts did come from earlier studies about the military health system. A 2017 study by the Institute for Defense Analyses found that the costs associated with operating military hospitals did not correspond with military medicine’s primary mission of treating the troops wounded in combat. The researchers found that the stateside military hospital staff dealt mainly with family health issues like newborn care, pregnancies, substance abuse, and metabolic disorders. Their deployed counterparts faced very different medical challenges. They treated open wounds to the head, neck, and trunk, fractured limbs, crushing injuries, and tissue infections. The concern was that the routine treatment of patients in military hospitals in the United States was not providing military medical professionals the kind of experience necessary to prepare them to treat combat-wounded troops. According to the report’s author, “the lack of appropriate case mix in MTFs [military treatment facilities] affects the ability of medical personnel to respond most effectively to in-theater trauma events.” But military health professionals trained in the current system perform heroic service on the battlefield, and as will be discussed in more detail below, have produced remarkable results.

Increasing the number of troops by cutting medical staff means that the remaining medical professionals would be even more overburdened.

Outsourcing family and veteran care to civilian hospitals and cutting uniformed medical staff would, according to the proposals, allow the remaining uniformed medical staff to focus their efforts on battlefield trauma care. To that end, military trauma specialists would continue to spend time in civilian hospital emergency rooms in cities around the country where they gain experience treating victims of accidents and violence. By eliminating these uniformed medical positions, so the thinking goes, the services would be able to increase the number of personnel in combat roles while staying within the existing end strength caps. However, this course of action would actually make the problem worse. Increasing the number of troops by cutting medical staff means that the remaining medical professionals would be even more overburdened.

The Pentagon has already taken steps to shift the burden of military medical care to the civilian sector. The Defense Department downgraded military hospitals in Fort Knox, Kentucky, Fort Jackson, South Carolina, and Fort Sill, Oklahoma, to outpatient clinics in the last five years. In 2016, Fort Knox’s Ireland Community Hospital closed its emergency room, stopped

performing major surgeries, and stopped delivering babies. People requiring that kind of care were instead sent to community hospitals in the surrounding communities. In the case of Fort Knox, the civilian medical system did not have the necessary capacity to handle the sudden influx of patients. A local bank ended up donating \$1.5 million to fund the expansion of a clinic to treat military families and retirees. Military families nation-wide report difficulty in finding health care providers in the Defense Department's TRICARE civilian health care plan.

On the business side of things, outsourcing makes a great deal of sense to the civilian hospital administrators. The Pentagon provides them with a lot of business and pays its bills on time. As with all things related to the military, contracts for the military's TRICARE civilian health care plan are lucrative. The Pentagon awarded California-based Health Net Federal Services a \$17.7 billion contract in 2016 to manage the military's western TRICARE region for five years. At the same time, Kentucky-based Humana received a \$40.5 billion contract to manage the eastern region for five years. The Pentagon can and does use contractor medical personnel for deployments, but contractors are expensive. One job posting on the Defense Health Agency's website for an emergency room physician position in South Korea pays as much as \$365,000 per year. When a contracting firm's billing rates are added on top of the salary, the cost to the taxpayer could more than double. A previous POGO investigation found the annual billing rate for contract nurses was, on average, 65% more than the federal employee's average salary.

One military doctor acknowledged that military doctors spend most of their time treating non-combat related issues. "This is our biggest mission," said Army Lieutenant Colonel Robert Mabry, an emergency medical doctor, during a February 2016 hearing before the House Armed Services Committee. He continued, though, that "it is our wartime mission that makes us unique and justifies our cost to the Nation." Because as competent as the civilian medical health care professionals may be, they do come with a significant drawback: They do not deploy with the troops when the troops go to war. This is a point that has been acknowledged on Capitol Hill. "It takes guys and girls in uniform to get our soldiers to the right level of care in that magic hour. And if they're not there, we have soldiers, sailors, airmen and Marines that die," said Representative Trent Kelly (R-MS) in a December 2019 hearing. In addition, because the military can't force people to take contractor positions, many of the doctors who will volunteer for the most dangerous contractor postings will be those who can't find a job anywhere else. "I've seen less qualified physicians volunteer for these challenging roles, or the uniformed providers will be sent," Dr. Bob Adams, a retired Army doctor writing in a July 2019 column for *USA Today*, said. "This can hurt quality of care and military retention, as well as potentially greatly increasing the cost."

The Military Health System's Contributions to Saving Lives

The Military Health System comprises all of the uniformed, civilian, and contract personnel for the Army, Navy, and Air Force. The system operates 51 military hospitals and 424 smaller clinics on bases all around the world where service members, military dependents, and veterans receive care.

But the Military Health System's mission goes far beyond just providing care; it also educates future military medical professionals. The Uniformed Services University has served as the West Point of the medical branches for all of the services since its creation in 1972. That said, the university has faced criticism over the years for the high cost of educating doctors when compared to civilian medical schools. Each student at the university costs taxpayers more than \$133,000 per year when even the most expensive private medical school costs \$68,000 a year. The services also recruit doctors through the Health Professions Scholarship Program where medical students attending civilian schools agree to serve a minimum period on active duty in return for tuition and a monthly stipend. The Defense Department uses retention bonuses of up to \$59,000 a year to preserve this capacity. It's unclear whether this investment pays off or not. The Government Accountability Office reported in 2019 that "DOD does not consistently collect information on retention of physicians and dentists" who receive those bonuses.

While it is expensive to educate doctors through the military, those doctors not only fill an important role while they serve in uniform but also make up a significant portion of the total population of doctors in the United States. Without the military, the United States would experience even more of a shortage in the number of doctors than we already do. In 2019, more than 1,200 students begin medical school at either the Uniformed Services University or at a civilian medical school with a military scholarship. Future military doctors made up approximately 5% of the country's 21,869 new medical students in the 2019-2020 academic year.

The pipeline of military doctors will become increasingly important as demand for doctors grows during the next decade: According to a study by the Association of American Medical Colleges, the shortfall of American doctors could be as high as 121,900 by the year 2032.

The military health system also makes significant contributions to the overall body of medical knowledge. Advances in trauma medicine by military doctors, nurses, and medics have been nothing short of phenomenal. As a result of those military medical advances, 70% of service members wounded in action during WWII survived, 76% of those wounded during Vietnam survived, and, incredibly, more than 90% of service members wounded in action in Afghanistan and Iraq survived. According to a book by the National Academies of Sciences, Engineering, and Medicine, some of the notable medical advances during the wars include "aggressive use of tourniquets, revised transfusion principles for hemorrhagic shock, and the overall doctrine of tactical combat casualty care, defining the optimal delivery of trauma care under demanding conditions of austerity and danger."

Medical professionals consider the higher survival rate of wounded service members in Iraq and Afghanistan all the more remarkable due to the severe and complex nature of the wounds produced by firearms, improvised explosive devices, and rocket-propelled grenades. Military medical professionals accomplished this feat in large part because of the unique specializations battlefield medicine demands. Civilian hospitals will likely not be able to produce enough medical professionals qualified to serve as flight surgeons, undersea medical specialists, or special operations medical personnel. Reductions to the military health system and outsourcing military health care to civilian hospitals threaten to disrupt adequate battlefield treatment and further advances by military medical professionals.

While surging funds now in order to assist with the coronavirus crisis is better than nothing, it's backfilling a gap that should never have been created. The military's medical capability should have always been maintained. Paring down military health facilities and laying off doctors over the past few years has reduced the military's capacity to assist with the present health crisis and to meet the military's future needs. It takes years to educate and train doctors, so a great deal of damage has already been done. But this can serve as a powerful lesson.

The Project On Government Oversight (POGO) is a nonpartisan independent watchdog that investigates and exposes waste, corruption, abuse of power, and when the government fails to serve the public or silences those who report wrongdoing. We champion reforms to achieve a more effective, ethical, and accountable federal government that safeguards constitutional principles.

Gerald's iPad	Jeff Bashford	Alice Bova	Alice Cagnina	Mary
Barb O'Brien	Toby	Linda's iPad	Linda	Wendy
Mary's iPad	billsandy2	P. Allen Gray	Sue	Peggy Williams
James Fitzsimmons	Peggy	Maryalice Morro	iPad	Suzanne
caroline	Emalynn	mae deboer	Mary Mahony	

United States Navy Veteran, my father

Submitted by Mary Ann Jarmulowicz

This is a photo post card my father, Frederick Yevshevar (Jevsevar), 1919-2007. He changed his last name from Yevshevar to Jevsevar. He told me he did not like being last to get paid or to get mail.

His father, mother, and sister immigrated to the USA from Trobovlje, Yugoslavia (now known as Slovenia) in 1918 one year before he was born in 1919. He registered for the draft when he was 21, which was a year after his father died in 1940.

His father Vincent Yevshevar died in a coal mining accident and my father was the sole earner to support a family of 5. He joined the Navy in 1944 when his younger brother was old enough to support the family.

He served on the USS. Baron Destroyer Escort 166 during WWII until his discharge in 1946. He was against my joining the Navy as a Navy Nurse, so I when I turned 22 years old I went to the recruiting office in Pittsburgh, PA and in one day I joined the US Navy. I was assigned to officer training in RI, January 4, 1974



HONORING OUR VETERANS



Emalynn Tate's great Uncle Henry, ca 1945 *above left*, and her late husband, Brig Gen Vernon Tate, *center*. Naval aviator Bob Williams and Navy Nurse Corps officer Peggy Williams, *right*.



Alice Bova's father, USA, WW2, *above*.
Flight Nurse Alice Bova during Desert
Storm; on the flight line and managing pa-
tient on air evac, *right*



HONORING OUR VETERANS



Jerry Davidson with father William Davidson in
2002, *above*. William Davidson, *right*, 1946. USA
and USAF, 1940s-1980s. WW2, Korea, Vietnam.



Right, Navy nurses at
Jungle General
(Philippines), ca 1988.
Far Right, Bobbie
Orange/Miller with
CAPT George Grove
and Warrant Officer
Wayne Buck, observing
the 65th NC birthday,
Republic of the
Philippines.



VA National Cemetery in Danville,
KY. Final resting place of Stanley
Wilson, USA, WW2, Purple Heart
recipient. Father of Peggy Williams.



CHRISTMAS MEMORIES



USNS COMFORT



BOTTOM ROW: LT N. DENHAM, LT M. BRANTLEY
MIDDLE ROW: CDR E. CARTER, LT J. McDONALD (D)
LCDR R. ANDRADE, LCDR J. KOHL
TOP ROW: LT R. BRADLEY, LT J. PALMER,
LT T. MOREHEAD
NOT PICTURED: LT B. MORA (R)



NNPC 4415
Nurse Corps
Detailers



*Merry Christmas
&
A Happy New Year
1991*



BR CL IWAKUNI, JAPAN
TOP (L-R) LCDR HOURRIGAN,
LT MILLER, LT SVOBODNY
BOTTOM (L-R) CDR BOLD,
LT WOELKERS



SEASON'S GREETINGS
FROM THE NURSING STAFF OF THE:
FRANCH NAVAL HOSPITAL SIGONELLA, ITALY



PEACE
ON
EARTH

NAVY NURSE CORP
PAX RIVER, MD.

2021 CALENDAR OF EVENTS

Just as COVID 19 has turned our 2020 lives upside down, we are uncertain as to what impact will carry over into 2021. Will there be an effective vaccine, and how long will the distribution and administration take? Will it be safe once again to meet in person, or will we continue to function in a virtual world for the better part of two years, as was the case with the Spanish flu of 2018-2019? Impossible to answer at this time. That being said, our tentative schedule of 2021 events is provided below. No dates or locations have been assigned at this time. We will see what the new year brings and notify you as each Chapter event approaches

January 2021 Vote Count and Audit

January 2021: BOD Meeting

April 2021 General Membership Meeting

August BOD Meeting

October General Membership Meeting

November Charleston Veterans Day Parade
Downtown Charleston, SC

December 2021 Christmas Party and Holiday Luncheon



Palmetto Chapter of the Navy Nurse Corps Association >

CLOSED GROUP · 9 MEMBERS



Chats Photos Events Files

If you haven't already, join our PCNNCA Facebook group and stay connected! Share your photos, stories and important information.

We are a "closed FaceBook group" so if you would like to join, request to be a "friend" by emailing Mary Ann at jarmulowiczma@cs.com