



Commissioned Corps BULLETIN

U.S. Department of Health and Human Services

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April 2005

Surgeon General's Column

During the first week of April, we joined our public health colleagues in celebrating the 10th anniversary of National Public Health Week (NPHW). This year, the focus of NPHW was healthy aging, and the tagline was "Empowering Americans to Live Stronger, Longer."

Your work as U.S. Public Health Service Commissioned Corps (Corps) officers is key to that empowerment. Most of the preventable diseases that are cutting healthy years off lives could be eliminated if people had access to better health information, and understood and acted on that information. Even the

seemingly simple things that we can all do to stay healthy and safe, such as getting regular medical check-ups and eating healthy foods, can be struggles for many people. The reality is that to be able to do these things, we must have a basic understanding of why they are important.

That is why we have been reaching out among health professionals, the media, and the general public to improve American's health literacy. Many Corps officers, as well as numerous public and private organizations, have joined in this multi-disciplinary and multi-dimensional effort.

Health literacy is the ability of an individual to access, understand, and use health-related information and services to make appropriate health decisions. Let's look at how low health literacy impacts the leading public health problem in America today. Nearly two-thirds of Americans are overweight or obese. More than 50 percent of Americans do not get the recommended amount of physical activity—30 minutes a day for adults and 60 minutes a day for children.

Obesity contributes to 4 of the 10 leading causes of death in the United States, including our Nation's biggest killer: heart disease. Overweight and obese individuals are at an increased risk of developing heart disease, some types of cancer, and type 2 diabetes. Today, 15 percent of American children are overweight or obese—that's 9 million children who are developing risk factors for chronic illnesses that may reduce the length and quality of their lives.

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Reminder: The Commissioned Corps Bulletin is Moving to a Fully Electronic Format!

The next issue of the *Commissioned Corps Bulletin* will be available in mid-May, and will be in a fully electronic format—the *Commissioned Corps E-Bulletin*!

Officers are reminded to update their e-mail address information to ensure that they will receive notification that the new version has been released. All active-duty officers are required to access the *Commissioned Corps E-Bulletin* for policy, operations, and support services updates.

Retired Officers

For the foreseeable future, we will continue to provide retired officers with a paper version containing a subset of articles from the *E-Bulletin* that are rel-

evant to retirees. Initially, this will be every other month, but may become quarterly in the future. Those wishing to receive the *E-Bulletin* e-mail notifications on the more frequent schedule may subscribe to the cbulletin list server at: <http://list.nih.gov/archives/ccbulletin.html>. All issues of the *E-Bulletin* may be viewed at the Commissioned Corps Management Information System Web site: http://dcp.psc.gov/ccBulletin/CCBul_Main.aspx. Retired officers wishing to opt out of the paper summary publication should send an e-mail message to OCCFMHelpdesk@hhs.gov requesting removal from the distribution list. Please include your full name, city and state in the body of the message. The subject should read "Removal From Bulletin Distribution". □

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Surgeon General's Column

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We obviously have a problem, and inadequate health literacy clearly is a contributing factor. We as public health professionals can do a better job creating and disseminating information that people can understand and use. We can do a much better job of helping people understand how to balance calories 'in' (foods and beverages) versus calories 'out' (physical activity) to help combat overweight and obesity.

I look back at my own years growing up in New York City. My grandmother was the matriarch of our family. Everyone called her Abuelita, which is a Spanish term of endearment for grandmother. Abuelita always had a can of lard at the back of the refrigerator that she used in preparing every meal. Were Abuelita's meals delicious? Sure they were. Were they healthy? That's another question.

Abuelita didn't use lard thinking that she could just cut this one corner. She was committed to providing the best food for us. The problem was never a lack of love or a lack of caring—but a lack of useful information. That is the essence of health literacy—and we as public health professionals must share information in ways that make sense to people so that they can make healthy choices.

Today, the popularity of diet books and products that represent \$42 billion in annual spending shows that Americans are interested in leading healthier lives. But they need more credible, consistent, and coherent information to make the best possible choices.

This year, the Department of Health and Human Services, in conjunction with the Department of Agriculture, released the sixth edition of the Dietary Guidelines for Americans. The newly updated Guidelines emphasize balancing caloric consumption with physical activity. The Guidelines are available online, with a consumer-friendly brochure to help Americans make healthy nutritional choices, maximize the ben-

efit of their calories, and balance food intake with physical activity.

I ask you to find creative ways to distribute the 2005 Dietary Guidelines consumer brochure, and the information in it. CAPT Penny Royall, Director of the Office of Disease Prevention and Health Promotion, is heading this effort. CAPT Royall and her team of nutritionists are working with organizations nationwide to partner on innovative ways to make sure that the Dietary Guidelines for Americans actually reach Americans.

Corps officers can be role models for adoption of the Dietary Guidelines for Americans.

The Dietary Guidelines give Americans the information they need to make healthy choices each and every day. Some highlights include:

- Get the most nutrition out of your calories, based on the fact that there are a correct number of calories for you to eat each day. If you use up the entire amount on a few high-calorie items, the chances are you will not be able to get the full range of nutrients that your body needs.

- Find your balance between food and physical activity. Regular physical activity, at least 30 minutes for adults, 60 minutes for children most days of the week, is important for your overall health. Physical activity also helps you control your weight.
- Make the smart choices from every food group. Eat a variety of the nutrient-packed foods to give your body the balanced nutrition that it needs. Mix up your food choices—variety is really the spice of life.

Nutrition impacts every aspect of our lives, from how children learn to how productive business can be, to how we maintain our health and independence into our senior years.

We can live by the 2005 Dietary Guidelines and be healthier for it because the Guidelines are a solid combination of research science and common sense. They are a part of the next great movement in public health: combining nutrition science with the power of health literacy to help more people live longer, healthier lives.

VADM Richard H. Carmona
Surgeon General

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Basic Pay of Commissioned Officers in Pay Grades O-1, O-2, or O-3 With Prior Service Credit

Sections 203(d)(2)(A) and (d)(2)(B) of Title 37, United States Code, were amended on 24 November 2003 (Pub.L. 108-136, §§ 603(1) and (2)). These amendments provide that commissioned officers at grades O-1, O-2, or O-3 who have the following service credit shall be paid under the O-1E/O-2E/O-3E pay table:

1. Over 4 years active service as an enlisted officer, warrant officer, or as a warrant officer and an enlisted member; or
2. Service as a warrant officer, as an enlisted member, or as a warrant officer and an enlisted member, for

which at least 1,460 points have been credited to the officer for purposes of reserve retirement eligibility.

Officers who believe their Uniformed Service history would qualify them for additional basic pay under Sections 203(d)(2)(A) or (d)(2)(B) should provide the Office of the Surgeon General/Office of Commissioned Corps Operations with written documentation regarding their service and/or point history as specified above. Contact information is listed on the Commissioned Corps Management Information System Web site at <http://dcp.psc.gov>.

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Physical Examination Requirements for Permanent Promotion

All officers being considered for a permanent promotion are required to have a physical examination on file within the last 5 years. In addition to a current 5-year physical, officers must also complete DD FORM 2807-1, "Report of Medical History," that is current within 1 year prior to the effective date of the permanent promotion.

You may view the dates of your last physical examination and "Report of Medical History" in the 'Secure Area' of the Commissioned Corps Management Information System (CCMIS) Web site (<http://dcp.psc.gov>). The 5-year physical examination, DD FORM 2808, "Report of Medical Examination," must be completed by a licensed physician or mid-level provider. DD FORM 2807-1, "Report of Medical History," may be completed by the officer. If you are eligible for a permanent promotion and are missing a current 5-year physical and/or a "Report of Medical History," according to the requirements above, it is recommended that **prior to May 15, 2005** you do the following:

- Print both the instruction letter and forms which are available on the CCMIS Web site under the 'Services' tab, select 'Official Forms' (<http://dcp.psc.gov/DCPForms.asp>) or go to the following:
 - http://dcp.psc.gov/PDF_docs/A-GenInst_DD2807-1_2808.pdf
 - <http://www.dior.whs.mil/FORMS/DD2807-1.pdf>
 - <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2808.pdf>
- Write 'USPHS' for SERVICE in Section 6.a. on DD FORM 2807-1/Section 15.a. on DD FORM 2808.
- Write "Promotion" for PURPOSE OF EXAMINATION in Section 6.c. on DD FORM 2807-1/Section 15.c. on DD FORM 2808.
- Complete and date DD FORM 2807-1.
- Complete, sign, and date the Disclosure Statement contained in the instructions.
- Mail all completed forms (**DO NOT FAX**) to: Office of Commissioned Corps Support Services, ATTN: Medical Affairs Branch, Room 4C-04, 5600 Fishers Lane, Rockville, MD 20857-0001.

- Based on a review of your information by Medical Affairs Branch (MAB) staff, you will be notified by MAB of any additional requirements.

Please note that Promotion Board members **do not** consider this as part of their review of your record, and they **do not** have access to this information. This requirement will be applied prior to permanent promotion orders being issued.

If you have any questions regarding these medical requirements, please contact your Commissioned Corps Liaison (see list at <http://dcp.psc.gov>, click on 'About Us' and scroll to 'SGPAC and CC Liaison Listing') or contact the Office of Commissioned Corps Operations' Promotion Coordinator, LCDR Daisy Mitchell, at 240-453-6051. □

A Message from the Medical Affairs Branch

Submitted by Russell J. Garisto, Chief, Medical Affairs Branch

On behalf of the Medical Affairs Branch (MAB) of the Office of Commissioned Corps Support Services, Program Support Center, I would like to thank you, the Public Health Service (PHS) Commissioned Corps officers, for your many contributions while serving in the Corps. The MAB staff recognizes and appreciates your unrelenting efforts to serve our country and devotes to put forth the same levels of energy and commitment while tending to your healthcare and administrative needs. Furthermore, we would like to take this opportunity to thank your wonderful family members for their sacrifices and pledge our unwavering support to them alike.

Since I came aboard in November 2004, I have been extremely pleased with and impressed by the caliber of personnel assigned to MAB. I assure you, these members are continuously looking for ways to optimize the quality of services rendered to our customers. They carry out their demanding duties in a highly professional and commendable manner and consistently keep the best interest of the officer(s) in mind while doing so. I am truly grateful for their support and proud to be part of the MAB team. Additionally, I am fortunate and appreciative for the opportunity to work with the supportive leadership of the Program Support Center and the PHS Commissioned Corps. Together, we strive to align objectives in favor of the population we serve and contribute to the mission of the PHS and various associated entities.

In order to review, coordinate, and make determination(s) related to your medical affairs, it is paramount that all documentation, medical evidence, non-medical assessments, etc., are submitted

to MAB in a complete and timely fashion. Any variation of such will most likely delay progress and can hinder the ability to make fully informed decisions in an expeditious manner. Please be advised that it is highly encouraged for all healthcare beneficiaries to maintain copies of health-related documents for their personal records. On the rare instance that a document is misplaced, lost in transition, etc., you may be called upon to produce such an item(s) if the need should arise. Meticulous record keeping on our end and yours will provide a 'checks and balances' system that will virtually eliminate the possibility of unretrievable medical documentation. It is extremely important to realize that as we continue to support efforts to assess, monitor, and report on force readiness, missing documentation could adversely affect your readiness status and subsequently hinder advancement opportunities.

Most importantly, I would like to stress the fact that **'We are here to serve you!'** If you need assistance, have questions, suggestions, or concerns please feel free to contact us at your earliest convenience during normal business hours at 301-594-2052 or toll free at 1-800-368-2777. If information pertaining to an inquiry is determined to be a widespread area of interest or a beneficial 'need to know' topic, we will submit such information to the *Commissioned Corps E-Bulletin* in order to provide guidance for our beneficiaries in an expeditious and communicative fashion.

Once again, thank you for serving our great Nation as a vital member of the PHS Commissioned Corps. □

Fit for Duty . . . Fit for Life!

Introduction

On 17 February 2005, VADM Richard H. Carmona, Surgeon General of the U.S. Public Health Service (USPHS) and RADM Cristina V. Beato, Acting Assistant Secretary of Health, Department of Health and Human Services, announced the implementation of a new Mission Statement for the PHS Commissioned Corps: "Protecting, promoting, and advancing the health and safety of the Nation" achievable through the rapid and effective response to public health needs, leadership and excellence in public health practices, and the advancement of public health science.

It is expected that all commissioned corps officers will embrace, articulate, and promote this new mission. In doing so, officers should strive to meet the basic standards of readiness set forth by the Office of Force Readiness and Deployment (OFRD). In fact, Surgeon General Carmona directed every officer to meet and maintain the basic level of force readiness by 1 May 2005. Information on these requirements is available at http://dcp.psc.gov/PDF_docs/Man_circ_377.pdf and http://dcp.psc.gov/PDF_docs/04-003_PPM.pdf. OFRD also provides information on levels of readiness, criteria, application, and training at <http://ccrf.hhs.gov/ccrf>. However, some officers do not meet all of these readiness standards, including those set forth for body weight, percent body fat, or body mass index (BMI). The USPHS Healthy Lifestyles Program is currently available at <http://www.cdc.gov/nccdphp/dnpa/usphs/>, a Web site designed to provide a wealth of information on a healthy lifestyle so officers can implement a personalized wellness-based program.

To further assist commissioned corps officers in their efforts to achieve readiness, CAPT Shirley Blakely, Chief Dietitian Officer, USPHS, challenged the Dietitian/Nutritionist Professional Advisory Committee (D/N-PAC) to identify innovative ways to expand on the recommendations offered through the USPHS Healthy Lifestyles Program. To achieve this objective, D/N-PAC is launching "Fit For Duty . . . Fit

for Life!"—a new lifestyle-based column to appear in the *Commissioned Corps E-Bulletin*. Healthy lifestyle resources evaluated by the D/N-PAC and highlighted in these articles will also be accessible on the USPHS Dietitians and Nutritionists Category Web site—<http://www.cfsan.fda.gov/~phsnutr/phsnutr.html>.

Step 1: Defining Fitness

Lifestyle fitness is a multifaceted approach to shaping healthy individuals. It encompasses the body (through physical fitness and dietary choices) and mind (through psychological well-being). "Fit for Duty...Fit for Life!" articles will address a broad array of fitness-related topics on healthy diets, adequate physical exercise, and family-focused, healthy lifestyle suggestions (Surgeon General Carmona declared 2005 as "The Year of the Healthy Child" to focus on improving the body, mind, and spirit of children). Today's debut column is introductory, offering the '1, 2, 3s' surrounding achieving fitness through maintaining a healthy weight.

Step 2: Assessing Your Fitness

EATING WELL: WHAT IS EATING RIGHT?

The *Dietary Guidelines* (<http://www.health.gov/dietaryguidelines/dga2005/document/>), recently revised and published in January 2005, provide specific information on how to achieve a healthful diet and how much exercise is needed in order to achieve fitness. These guidelines provide a framework to promote healthier lifestyles. New recommendations emphasize the consumption of a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt, and alcohol. Knowing how much energy one needs to function on a daily basis is no longer an elusive goal because the Dietary Guidelines provides a way of assessing energy needs.

THE BODY PRINCIPLE: WHAT IS FIT?

Dietitians and nutritionists currently assess healthy weight through BMI rather than by a number on a scale. BMI

is body weight in kilograms divided by height in meters squared. The table below shows three general categories based on BMI:

BMI	CATEGORY
18.5 -24.9	Healthy (or normal)
25-29.9	Overweight
> 30	Obese

Although BMI is a valid method to assess weight status, there is one subpopulation that is less easily categorized. Individuals with a large muscle mass, but a low percent body fat may have a BMI > 25. For these individuals, BMI needs to be combined with other tools to assess overall fitness. Measuring ones waist circumference to assess abdominal adiposity is a simple way to further assess fitness when BMI > 25. Both BMI and waist circumference are improved with physical fitness and dietary choices. Many Internet sites provide calculators to determine your own BMI, instructions on measuring your waist circumference, and additional information about BMIs and fitness. Useful Web sites include <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm> and <http://www.nhlbisupport.com/bmi/>.

In most cases, it is excess body fat, not lean body mass (or muscle) that contributes to health problems. BMI standards were developed to estimate body fat because most people with higher than normal BMIs are actually overfat.

Step 3: On the Road to Fitness

There is an abundance of practical and professional information about weight management, physical fitness, and healthy lifestyle choices available. Unfortunately, not all are reputable. CAPT Maureen Leser, Director, National Institutes of Health's Dietetic Internship Program, and outgoing Chair, D/N-PAC, evaluated the following recommended sites:

- The Centers for Disease Control and Prevention provides a wealth of information about weight loss (<http://www.cdc.gov/nccdphp/dnpa/tips/index.htm>).

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Fit for Duty . . . Fit for Life!

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- The National Institute of Heart, Lung, and Blood also offers suggestions aimed at achieving a healthy weight (http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm) and provides an education kit to facilitate weight management (http://www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/index.htm).
- The U.S. Department of Agriculture provides an interactive eating index (<http://209.48.219.53/>) to help you assess your own intake.
- A wide range of reputable nutrition information is available at <http://nutrition.gov>.
- In addition to making healthy food choices, engaging in regular physical activity and reducing sedentary ac-

tivities promote good health, psychological well-being, and a healthy body weight. Physical fitness can be achieved through cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises for muscle strength. Although more vigorous, longer intensity exercise yields greater benefits, being fit for duty and for life can be achieved by following the recommendations in the 2005 U.S. Dietary Guidelines for a 30-60-90 plan: 30 minutes of activity a day for maintaining cardiovascular health, 60 minutes a day for achieving weight loss, and 90 minutes a day for maintenance after one has lost weight. This is carried out through exercise of moderate intensity on most days of the week.

Officers in the USPHS Commissioned Corps must demonstrate to the public

and each other that health matters. To do this, we must charge ourselves with meeting fitness standards which are associated with good health. This article was written to provide introductory guidance. It is important to remember that weight is only one factor that contributes to lifestyle diseases such as diabetes and hypertension. Therefore, it is imperative to discuss individual questions or concerns about your fitness level, weight status, and health with your qualified health care provider first.

Please note: If you have related topics of interest that you would like to learn more about in future articles, contact CDR Jean Makie, Chair, D/N-PAC, at makiej@cder.fda.gov.

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Commissioned Corps Awards Board

CAPT Sarah K. Dye Awarded the Distinguished Service Medal for Exceptional Leadership to the Aberdeen Area Indian Health Service

CAPT SARAH K. DYE was recognized with the Public Health Service (PHS) Distinguished Service Medal (DSM) for her visionary leadership and outstanding performance as the Chief Medical Officer for the Aberdeen Area Indian Health Service (IHS) from September 1994 to September 2003. The DSM was awarded in recognition of her many notable contributions of exceptional leadership, foresight, judgment, managerial skills, medical acumen, and clinical ability.

In September 1994, CAPT Dye became the Chief Medical Officer for the Aberdeen Area, which is a four-State region serving about 115,000 Native Americans. She is responsible for providing consultation to 22 health facilities, including 8 hospitals, 8 ambulatory health centers, 5 health stations, and a youth treatment center. She provides technical advice on a number of critical issues, such as quality of care, credentialing, accreditation, risk management, recruitment and re-

tention, billing, clinical management of specific diseases and conditions, and medical staff administration. In addition, she supervises the Office of Health Programs, which is the department that focuses on direct clinical services, contract health care, and business office services.

CAPT Dye's vision and perseverance have been the driving force for establishing various innovative and consequential programs for the Aberdeen Area and the entire IHS. One of CAPT Dye's primary initiatives was to enhance third party revenues through the Chargemaster Project, which applied the best coding and billing practices of the private sector to the government. This involved identifying cost centers at all Aberdeen Area Service Units and developing charge tickets and chargemasters at each hospital, which resulted in improving the quality, accuracy, and timeliness of patient coding and billing. Since the inception of the Chargemaster Project in Fiscal Year 1999 through the end of Fiscal Year 2003, third party collections in the IHS Aberdeen Area have risen from \$25.8 million per year to \$60.4 million per year. This is a 234 percent increase and nearly an additional \$35 million in

just 4 years. The Chargemaster Project has received national recognition, earning both the IHS Director's Award and the Health and Human Services Secretary's Award for Distinguished Service.

Another objective of CAPT Dye's was to enhance the use of patient care data to improve patient care. Under her direction an automated program, the GPRA 2K system, was developed to gather and analyze a standard set of health data from each healthcare facility in the Aberdeen Area on a quarterly basis. This system received such acclaim that IHS Headquarters adopted the program and modified it into a performance measurement system called GPRA+, which is now used at all IHS sites across the Nation.

CAPT Dye sets aside time each month to deliver direct patient care as a general surgeon at the IHS Hospital in Eagle Butte. She has also published a booklet titled "Standards of Diabetic Foot Care" that serves as a public health model. In recognition of CAPT Dye's performance as Chief Medical Officer and contributions to the mission of both the IHS and PHS, she is most deserving of the DSM.

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Call for Nominations for PHS Commissioned Corps Veterinarian of the Year Award

Nominations are being sought for the 2005 Public Health Service (PHS) Commissioned Corps *Veterinarian of the Year Award*. This award recognizes veterinarians whose professional careers and work performance have resulted in significant contributions to public health and to the mission of the Department's Operating and Staff Divisions and other programs where PHS Commissioned Corps veterinarians serve. The award, established in 1997, will be presented this year at the annual Commissioned Officers Association (COA) meeting in Philadelphia, PA.

Nominees must be active-duty PHS veterinary officers and readiness-qualified. PHS veterinarians, supervisors, co-workers, and peers as well as members of COA are encouraged to nominate deserving veterinarians for this competitive and prestigious award. Nominations will be kept in strictest confidence. The selection will be made by an Awards Committee composed of senior PHS veterinarians. Evaluation by the Awards Committee will be made based on the impact of the nominated officer's work in public health and veterinary professional communities.

Nominations will be judged on accomplishments in the following areas:

- Support of the Department's mission
- Research/research support
- Publications
- Presentations
- Mentoring and teaching of junior staff
- Service on committees/boards

Nomination Package

The nomination package should consist of the following:

- Letter of nomination (no more than two pages)
- Two letters of support for the nomination (no more than one page each)
- A copy of the officer's curriculum vitae

The nomination package should be sent electronically by **1 May 2005** with the requested documents as attachments (in Word® or WordPerfect® format), to CDR Kim Taylor at ktaylor@niaid.nih.gov.

Retirements – March

Category / Rank / Name OPDIV / STAFFDIV / Program

MEDICAL

CAPTAIN

Robert W. Amler	OS
Alan B. Bloch	CDC
Scott D. Holmberg	CDC
Frank O. Richards, Jr.	CDC

DENTAL

CAPTAIN

James D. Friday	HRSA
Terry G. Haunschild	BOP
Gene J. McElhinney	IHS

COMMANDER

Edward E. Neubauer	IHS
Nancy M. Reifel	IHS

NURSE

CAPTAIN

Janet B. Clear	HRSA
Mary C. Herrmann	IHS
Harlen D. Whitling	HRSA

COMMANDER

Donald E. Baird II	IHS
Eric A. Lasure	IHS

ENGINEER

CAPTAIN

Thomas J. Degaetano	EPA
Paul M. Lahr	IHS
Wayne E. Wruble	IHS

COMMANDER

Jonathan M. Anderson	IHS
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SCIENTIST

CAPTAIN

John A. Elliott	CDC
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PHARMACY

CAPTAIN

Paul D. Gailard	BOP
James W. Moore	FDA
Nicholas P. Provost	IHS

THERAPY

CAPTAIN

John T. Hurley	IHS
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HEALTH SERVICES

CAPTAIN

Nancy A. Tollison	CMS
Richard C. Vause, Jr.	HRSA
Earl H. Handwerker	CDC
Charles A. Schable	CDC
Latham R. Morris	IHS

COMMANDER

Jesse V. Thomas	IHS
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LIEUTENANT COMMANDER

Marsha R. McCrimmon	BOP
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Arizona School of Health Sciences' Electromyographic (EMG) and Nerve Conduction Velocity (NCV) Course

Submitted by CDR Scott P. Gaustad

U.S. Public Health Service (PHS) Commissioned Corps active-duty and retired physical therapists and Electroneuro-myographers crossed generations to provide a stimulating "Neuronal Conduction and Needle EMG for Beginners" course to 14 PHS and civilian physical therapists and physicians at the Arizona School of Health Sciences in Mesa, AZ.

It has been more than 15 years since an Electromyographic and Nerve Conduction Velocity course like this had been offered to PHS therapists, and the first ever collaboration of this PHS active-duty and retired faculty. The faculty brought to the course over 100 years of collective electroneuro-myographic experience. The distinguished faculty included:

- CAPT Roger Nelson, USPHS (Ret.)
- CAPT Dave Nestor
- CAPT Mark Dardis
- CAPT Mike Huylebroeck, USPHS (Ret.)
- CDR Doug Munoz
- LCDR Mike LaPlant

CAPT Nelson was instrumental in pioneering PHS and military physical therapists to perform clinical electromyographic and nerve conduction velocity studies. CAPT Nelson and CAPT Nestor, are credited with the research and implementation of many clinical practice guidelines used by electroneuro-myographers in practice today.

The course met for 4 days and students were presented with the anatomical and physiological basis of neural conduction, basics of electronic instrumentation, rationale and methods to perform motor and sensory conduction of the major nerves in the upper and lower extremities, rationale and methods to perform H-reflex and F-wave studies, and clinical correlates of EMG collection. More than 50 percent of the course involved an intensive hands-on training lab guided by the expert electroneuro-myographic faculty.

Future courses are being planned and are expected to be just as stimulating as this inaugural one.

Office of Force Readiness and Deployment

USNS *Mercy*

The Public Health Service Commissioned Corps has six officers deployed on the ship, USNS *Mercy*, involved in a U.S. Navy mission to aid those affected by the 26 December 2004 tsunami in Asia. The current contingency consists of three nurses, one physician, and two mental health program managers. The team is participating in an on board medical mission as well as outreach missions on shore. When traveling to shore, they are transported via helicopter while continuing to bunk on board the USNS *Mercy*. The PHS team has assigned roles and tasks and is working alongside their counterparts in the U.S. Navy and Project Hope.

The officers who deployed through the Office of Force Readiness and Deployment (OFRD) are from Operating Divisions/Staff Divisions/non-Department of Health and Human Services organizations: the Indian Health Service; Substance Abuse and Mental Health Services Administration; Food and Drug Administration; Health Resources and Services Administration; Centers for Disease Control and Prevention; U.S. Department of Agriculture; U.S. Coast Guard; and Department of Homeland Security (Customs and Immigration).

For more information regarding the USNS *Mercy* see <http://www.msc.navy.mil/mediacenter/default.asp?page=mercy>. For more information that is specific to our officers, see <http://www.surgeongeneral.gov/journal/>

CDC/ATSDR Mission

Although not coordinated through the OFRD, Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) officers have played an extremely significant role at the tsunami mission via CDC's international mission responsibilities. CDC officers were in Indonesia, Thailand, Sri Lanka, and India providing expertise on disease investigation, mass vaccinations, malaria control, occupational health, environmental health, mental health, and other topics related to the disaster. They interacted with the World Health Organization, UNICEF (United Nations Children's Fund), AusAID, Operation Hope, embassies, foreign governments, and non-governmental aid organizations—finding ways to bring solace and hope to hundreds of thousands of suffering people.

Top Officials (TOPOFF) Exercise

The TOPOFF 3 exercise was held 4-10 April 2005. The TOPOFF 3 program is a

Congressionally-mandated, national comprehensive terrorism response exercise. It is made up of a 2-year cycle of seminars, planning events, and training culminating in a full-scale exercise that simulates a coordinated terrorist attack involving biological and chemical weapons. OFRD officers were stationed in one of the three TOPOFF locations. OFRD stationed 2 officers at the SOC (Secretary's Operation Center) in Washington, D.C.; 2 officers with the Federal Emergency Management Agency's EST (Emergency Support Team) in Washington, D.C.; 14 officers with the Connecticut SERT (Secretary's Emergency Response Team); and 14 officers with the New Jersey SERT.

Training

In March, OFRD sent two officers to participate in the Medical Management for Chemical and Biological Casualties course (MMCBC). MMCBC teaches the threat and treatment of chemical and biological agents as well as the field medical management of casualties.

Mental Health Disaster Response Training will once again be offered this summer. Please check the OFRD Training Web page for all upcoming courses offered (<http://ccrf.hhs.gov/ccrf/FY%202005%20Training%20Page.htm>). □

Employment and Income Verification

Employment and income verification inquiries from lending institutions should be directed to the Compensation Branch, Office of Commissioned Corps Support Services, Program Support Center. Phone or e-mail inquiries will only be provided with gross pay amounts. For more specific information, lending institutions are required to mail or fax their requests (with signed authorization from the officer) to the Compensation Branch.

Office of Commissioned Corps
Support Services

ATTN: **Employment Verification**

5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

Phone: 301-594-2963 or toll-free at
1-800-638-8744

E-mail: compensationbranch@psc.gov

Fax: 301-443-0064 □

Statement of Service

Active-duty officers who need verification of their service time to establish eligibility or qualify for a Department of Veterans Affairs' mortgage loan, need to request a *Statement of Service* from the Division of Commissioned Corps Assignments, Office of Commissioned Corps Operations, either in writing or by phone (see contact information below). **Please note:** An active-duty officer's *Statement of Service* will be mailed to the officer's **pay** address.

Office of Commissioned Corps
Operations

Division of Commissioned Corps
Assignments

ATTN: **Statement of Service –
Active Duty**

1101 Wootton Parkway, Suite 100
Rockville, MD 20852

Phone: 240-453-6125 □

Inactive, retired, and terminated officers who need a *Statement of Service* must send a written request with an original signature (faxes, phone calls, and e-mails are not accepted) to the Division of Commissioned Corps Officer Support, Office of Commissioned Corps Operations, at the following address:

Office of Commissioned Corps
Operations
Division of Commissioned Corps
Officer Support
ATTN: **Statement of Service –
Inactive/Retired/Terminated**
1101 Wootton Parkway, Suite 100
Rockville, MD 20852 □



Afghanistan Army's Surgeon General to Participate in Global Health Summit

Afghanistan National Army Surgeon General, **Dr. Ahmad Zia Yaftali**, has announced that he will attend the Public Health Service Commissioned Officers Foundation Global Health Summit which will be convened on 5 June 2005 in Philadelphia, PA. He will be making a presentation at the Summit about assistance provided for his nation's public health programs. The Summit is open to anyone interested in global public health issues.

The Summit will feature a morning panel discussion with representatives of key stakeholder groups in global health. Afternoon discussion breakout sessions will focus on gathering input around four major areas of global concern: Global Disease; Environmental Health; Displaced Persons; and Public Health Infrastructure and Leadership. Within these broad groupings feedback is being sought on a variety of issues. "The Summit provides a great opportunity for commissioned officers to provide input on the most pressing global health issues," said Jerry

Farrell, Executive Director of the Foundation.

The President of the Summit is **Dr. Joxel Garcia**, Deputy Director of the Pan American Health Organization, which is the World Health Organization's Regional Office for the Americas. Other recently announced presenters include **Dr. Thomas Novotny**, Director of International Programs for the University of California San Francisco School of Medicine's Institute for Global Health; **Dr. Alfredo Solari** of the Inter-American Development Bank; and **Dr. Stephen Blount**, Director of Global Health at the Centers for Disease Control and Prevention. **Senator Daniel Inouye** (D-Hawaii) also will take part in the proceedings.

The Summit will be followed at the same location by the Commissioned Officers Association's Annual Public Health Professional Conference. To register or learn more about the Summit or the conference, visit www.coausphsconference.org or call toll-free 866-544-9677.

Recent Deaths

Note: To report the death of a retired officer or an annuitant to the Office of Commissioned Corps Support Services (OCCSS), please phone 1-800-638-8744.

The deaths of the following retired officers were recently reported to OCCSS:

MEDICAL

CAPTAIN

Joseph C. Robinson 02/11/05

PHARMACY

CAPTAIN

Milton W. Skolaut 02/22/05

ENVIRONMENTAL HEALTH

CAPTAIN

George Morrison 02/26/05

LIEUTENANT COMMANDER

Joan Davis 12/24/04

Donald J. Rooney 02/22/05



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Office of Public Health and Science
Office of the Surgeon General
Office of Commissioned Corps Operations
1101 Wootton Parkway, Suite 100
Rockville MD 20852

Official Business
Penalty for Private Use \$300

DATED MATERIAL