



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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September 2002

Surgeon General's Column

On August 5, I was sworn in as the 17th Surgeon General of the United States. I am excited about the opportunities and challenges that I face; I am grateful for the confidence that the President has shown in me; and I am eager to engage with you in meeting our mission. To serve my country this way is a dream come true.

When President Bush introduced me on March 26 at the White House, he laid out three urgent issues. But before he named them, he made a key point when he noted that the Surgeon General administers the Public Health Service (PHS) Commissioned Corps. That is a role that I take very seriously.

First, the President asked me to help educate Americans about the best precautions and response to the threat of bioterrorism. Second, he charged me to lead an important initiative focusing on prevention and lifelong healthy living as a key component to medical care. And last, he expects me to speak regularly to the Nation about alcohol and drug abuse, and the tremendous toll they take on our society. These priorities and many others address important health issues for the American people. I cannot do this alone; I plan to lead the Corps, which will lead the Nation in these efforts.

The Corps has a proud history of achievements. During this last year we witnessed yet again unprecedented historic events that significantly tested the Corps' ability to respond. Hundreds of officers rose to the occasion to participate in one or more of the numerous, often risky, mission assignments. They served with pride and distinction. The Corps was noticed. As a result, the Presi-

dent and our Secretary Tommy Thompson are relying on the Corps to be a growing cadre of health care professionals who are available full time, and on call for emergency duty. I believe that one reason I was nominated to be the Surgeon General was to ensure that the Corps is ready when called upon to meet the health priorities of the President and Secretary, and to assist with national health security.

In the coming months I will be working on several initiatives. None is more important than working with Secretary Thompson to evolve and transform the Corps to meet the health needs of our country. Each of the other six uniformed services is in a 'transformation' process. The PHS Commissioned Corps has already started this important process, and I intend to get involved quickly and see that the Corps is prepared for the challenges ahead.

As a Corps, we are privileged to be ranked among the seven uniformed services. With this privilege comes responsibility. Not only will I seek parity with the other Services in terms of status consistent with what our Nation expects of us, but I intend to ensure that the PHS Commissioned Corps is worthy of that status in terms of leadership, commitment to mission, readiness, performance, and image: our 'corporate culture.'

Let me outline some of my expectations for every Corps officer. As we move forward, these expectations will become an integral part of the evolving Corps 'culture' that will have a significant impact on recruitment, retention, mission, and esprit de corps. These are:

- Each officer will embody the values of leadership, personal integrity, professionalism, public service, commitment to the mission assigned, dedication to the Corps, maintaining a healthy lifestyle to protect our force, and to be an example to those we serve.
- Each officer will be visible as an officer when on duty. As a 'uniformed service,' wearing the uniform daily by each and every officer is the standard, not the exception.
- Each officer should be proficient to perform a function deemed necessary for emergency deployments. Every officer must be trained and physically fit, as appropriate, for the specified emergency assignment.
- Each Assistant Surgeon General and Chief Professional Officer will actively engage in Corps-wide initiatives, and manifest leadership.

Over the next weeks, I will be working with the Secretary and with senior members of the Corps to turn these expectations into reality. I want to assure each and every officer that I support you and

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Surgeon General's Column

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your vital roles in achieving the missions of each Agency to which you are assigned, and in turn, the mission of our One Department. My interest in strengthening and modernizing the Corps is to ensure that it continues to be the premier Federal health resource for the Nation and the entire Department in the years to come.

I look forward to meeting you as I travel around the country. I encourage you to either write to me directly with your comments, concerns, or recommendations for our Corps, or to express them to your Chief Professional Officers, Professional Advisory Committees, or Agency leadership.

Thank you for your warm welcome and support. I am proud to be your Surgeon General and look forward to serving our country and this very able team.

VADM Richard H. Carmona
Surgeon General



Meet the New Chief Professional Officer

CAPT Linda Morris Brown was selected as the Chief Professional Officer for the Health Services Category effective May 15, 2002. As the Chief Health Services Officer (HSO), CAPT Brown is responsible for providing leadership and coordination of Public Health Service (PHS) health services professional affairs for the Office of the Surgeon General and the Department. She also provides guidance and advice to the Surgeon General and the Health Services Professional Advisory Committee (HSPAC) on matters such as recruitment, retention, and career development of HSOs.

CAPT Brown is the Assistant Chief of the Biostatistics Branch, the focus within the National Cancer Institute (NCI) of the National Institutes of Health (NIH), of biostatistical research and consultation. She is responsible for administrative leadership and management of the 25-member Biostatistics Branch including the formulation and review of operating budgets, the oversight of the multi-million dollar support services contract, the recruitment of new staff, and the coordination of periodic and special projects such as the Annual Research Directory and the Site Visit Report.



In addition to helping manage NCI's Biostatistics Branch, CAPT Brown plays a leading role in the design, conduct, and analysis of large-scale, multidisciplinary epidemiologic studies in the United States and internationally. Her efforts

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Submitting Information for Electronic Official Personnel Folders

Those officers whose electronic Official Personnel Folders (eOPFs) are on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—should submit information by fax using the following fax numbers: 301-480-1436 (or) 301-480-1407. The submitted documents are automatically placed directly into the officers' eOPFs. Note: Please check the Web site before submitting information to be certain that you are not submitting duplicates.

Important—The software only accepts 8½" x 11" images that are from clean copies (copies with various shades of contrasts do not scan well). *Therefore, please refrain from using a 'highlighter' marker; since the highlighted sections appear as dark lines and cannot be read.*

Please note the following guidelines:

- On the upper right corner of all submitted sheets, include your name, Public Health Service (PHS) serial number, and category. For multiple page documents indicate page sequence (e.g., page 1 of 3, page 2 of 3).
- Curriculum vitae (CV) *cover sheets* must be included as page 1 of the CV as only one document is retained in this section.
- Continuing education documents should be grouped *by year*.
- Licenses/Certifications/Registrations must be faxed to the Licensure Project Officer at fax number 301-443-5366.
- Documents initiated by DCP (e.g., Commissioned Officers' Effectiveness Report and PHS awards) are *automatically* placed into the electronic

OPF when received through official channels. These documents are not accepted directly from the officer.

If you have any questions, please phone the Officer Support Branch, DCP, by calling 301-594-3108 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial 43108).



Meet the New Chief Professional Officer

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in the area of health disparities research has contributed to the understanding of disparate incidence and mortality rates in racial and ethnic subgroups. She is one of only a few researchers in the world to have extensively studied the causes of esophageal cancer in African Americans and is currently involved in research to determine reasons for the greater incidence of this cancer among African Americans than whites. CAPT Brown is also a co-investigator on a study designed to investigate reasons for the higher rates of oral cancer in Puerto Ricans than in white or Hispanic populations in the United States. She also serves as co-investigator and project officer on a study with the Beijing Institute for Cancer Research to evaluate the effects of garlic and vitamin supplements, and *Helicobacter pylori* (*H. pylori*) treatment on the multistep stomach cancer process. This study is being conducted in an area of China that has one of the highest rates of stomach cancer in the world. CAPT Brown is currently helping to design a case-control study of Inflammatory Breast Cancer in Egypt and Tunisia to better understand the factors responsible for the high incidence of this aggressive form of breast cancer in these countries.

CAPT Brown received her A.B. degree in biology, her M.P.H. degree in Epidemiology and Health Planning and Administration, and her Dr.P.H. degree in Epidemiology from the Uniformed Services University of the Health Sciences. Following completion of her M.P.H. degree, CAPT Brown was a Research Associate for the University of Michigan where she served as a coordinator of a study in Tampa, Florida, to assess the impact of sulphur oxide pollution on community health. She began her PHS Commissioned Corps career in 1978. Over the past 24 years she has worked at NCI, serving as an Epidemiologist, Senior Epidemiologist, Expert Research Epidemiologist, Assistant Director for Epidemiology (Office of the Director), Assistant to the Chief of the Biostatistics Branch, and Assistant Chief of the Biostatistics Branch.

CAPT Brown is an internationally recognized authority on the epidemiology of a number of cancers and factors related to the etiology and patterns of transmission of *H. pylori*. She has authored more than 115 publications in scientific and medical journals, including invited book

chapters, on environmental and occupational causes of various types of cancer. She also chaired the NCI Technical Evaluation of Questionnaires Committee for 15 years, and helped direct and formalize its activities.

Since beginning her PHS career, CAPT Brown has received numerous PHS awards—Surgeon General's Exemplary Service Medal, PHS Outstanding Service Medal, PHS Commendation Medal, PHS Achievement Medal, three PHS Citations, five PHS Unit Commendations, National Emergency Preparedness Award, Crisis Response Service Award, and Field Medical Readiness Badge. She has also been awarded the NIH Director's Award and the NCI Equal Employment Opportunity Special Achievement Award. She is a fellow of the American College of Epidemiology, a past Chair of the Commissioned Officers Association, a past Chair of the HSPAC, a past Chair of the NCI Equal Employment Opportunity Advisory Group, a member of the Commissioned Corps Readiness Force, and Recruitment Officer for the PHS-1 Disaster Medical Assistance Team.

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2003 Promotion Cycle

The Division of Commissioned Personnel (DCP) is preparing for the 2003 promotion year (PY) cycle (July 1, 2003 through June 30, 2004).

Eligibility for Promotion

Officers are encouraged to periodically review promotion requirements and be aware of when they will be eligible for promotion consideration. Commissioned corps promotion policy is contained in INSTRUCTIONS 1 and 2, Subchapter CC23.4, of the Commissioned Corps Personnel Manual (CCPM). Helpful information is also contained in CCPM Pamphlet No. 62, "Commissioned Officer's Handbook." Both the CCPM and the pamphlet are available on the DCP Web site—<http://dcp.psc.gov>—click on 'Publications.'

DCP will provide a memorandum to individual officers notifying them of their eligibility for promotion. It is imperative

that officers eligible for competitive promotion carefully read the information contained in the memorandum and follow the instructions. Upon receipt of the memorandum, officers are required to review their Promotion Information Report (PIR). The PIR reflects 'real time' information as documented in DCP's data system, and is available for review on DCP's Web site through the same procedure used to review the electronic Official Personnel Folder (eOPF). *Note: Information on how and when to submit information to the eOPF will be included in the memorandum.* The PIR is a succinct summary of verified computerized data about an officer at a given point in time; it does not substitute for the curriculum vitae (CV) or the eOPF. In addition to the PIR, the promotion board reviews the Performance Profile and the eOPF that contains the documents upon which their recommendations are based.

Only the contents of the eOPF may be considered by the board to establish an officer's relative standing on the promotion roster. Any information not reflected in the eOPF is not considered by the board.

Officers should review the PIR and return it with corrections if any errors are found. The PIR should *not* be returned if the data it conveys are correct. Changes must be requested in writing and must be supported by appropriate documentation (e.g., copy of personnel orders, award certificates, etc.). **Changes cannot be made without official documentation. Requests to DCP for changes must be postmarked no later than Friday, November 15, 2002.** Please do not provide information about matters that are not reflected in the PIR (e.g., civic activities, ribbons/badges not authorized for wear on the Public Health

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2003 Promotion Cycle

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Service (PHS) uniform—see INSTRUCTION 3, Subchapter CC26.3 of the CCPM—as these items are not reflected on the PIR).

If corrections are necessary, the PIR must be returned to:

Division of Commissioned Personnel
ATTN: PIR Coordinator/OSB
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001

An officer's billet will not preclude his/her consideration by the promotion board in PY 2003. Officers considered for competitive promotion will have their eOPFs reviewed regardless of the rating of their current billet.

Promotion Boards

The records of officers eligible for promotion are reviewed by categorical/group boards. Each promotion board consists of five O-6 grade officers from the category/group who are as representative as possible of the category or group in terms of Agency representation, specialty, and other characteristics. Every effort is made to assure diversity among the board's membership.

This review includes careful consideration of the officer's career as it relates to five precepts upon which promotion recommendations are based. (These precepts do not apply to officers in the Research Officer Group.) These five precepts are as follows: (1) *performance*—as reflected in the Commissioned Officers' Effectiveness Report (COER), (2) *career progression*—as reflected in assignments at increasing levels of responsibility, (3) *mobility*—as reflected in assignment history (mobility can be both geographic and programmatic), (4) *awards*—which relate to the quality of an officer's service, and (5) *career potential*—as reflected in the effect increased responsibility had on quality of performance.

The percentage 'weight' that has been assigned to each precept for temporary (T) and permanent (P) grades are listed after each precept below.

In considering an officer for promotion, the board considers several factors for each of the precepts. For *performance*, these factors are: (1) performance on COERs; and (2) performance history over

time. Emphasis is placed upon the more recent COERs, and they are evaluated against the expectations of an 'average' officer in that category and grade.

Temporary:	O-4	O-5	O-6
Permanent:	O-3	O-4	O-5/6
Percentage:	55	50	40

For *career progression*, the factors are: (1) billet grade; (2) level of responsibility; (3) independence; (4) management/supervisory duties; (5) career contributions; (6) contributions to category; and (7) impact and/or accountability of actions. Emphasis is placed on the officer's contributions as he/she progresses into positions which require increasing levels of responsibility.

Temporary:	O-4	O-5	O-6
Permanent:	O-3	O-4	O-5/6
Percentage:	5	15	20

For *mobility*, the factors are: (1) career track and primary job; (2) needs of the Service; (3) length of service; (4) personal hardship; and (5) overall performance in each assignment. These factors are considered keeping in mind reasonable expectations for mobility of an 'average' officer based upon category and specialty, career track, length of service, and personal reasons such as educational activities. Mobility is also reviewed in light of the officer's career progression where the frequency of transfers, whether infrequent or too frequent, may be adversely affecting the officer's overall usefulness to the Corps.

Temporary:	O-4	O-5	O-6
Permanent:	O-3	O-4	O-5/6
Percentage:	5	5	10

For *awards*, the factors are: (1) Agencies to which the officer has been assigned; (2) length of service; (3) grade; (4) commissioned corps awards; and (5) non commissioned corps awards. The board is reminded that the frequency for nominating officers for honor awards varies among Agencies.

Temporary:	O-4	O-5	O-6
Permanent:	O-3	O-4	O-5/6
Percentage:	5	5	5

For *career potential*, the factors are: (1) future needs of the Service; (2) potential for a 30-year career; (3) long-term com-

mitment to the commissioned corps; (4) ability to perform at a higher grade; (5) potential for future contributions; and (6) officer's integrity and ethics. These factors are evaluated in light of the findings derived from the four previous precepts.

Temporary:	O-4	O-5	O-6
Permanent:	O-3	O-4	O-5/6
Percentage:	15	10	10

In evaluating an officer for promotion, the board compares the officer, as reflected in the eOPF, against a theoretical 'average' officer. In a real sense, this 'average' officer is the only competition for any one officer being reviewed by a promotion board. Officers never actually compete against each other.

COER

A very important element for review by the board is the officer's COER. While the CV reflects the various assignments of an officer's career, the COER reflects the supervisor's assessment of the quality of the officer's service. *Note: Do not attach your CV or other documents to the COER. DCP will not accept 'promotion' COERs.*

Officers called to duty during the last year (prior to September 1) and who are eligible for the temporary O-4 grade should have an interim COER in their eOPF. An officer to which this applies should check with his/her Commissioned Corps Liaison to ensure that a COER for them has been completed and received in DCP prior to December 31, 2002.

Importance of Current CV

The promotion board reviews the eOPF of each officer eligible for promotion. It is important that the folder contain a current CV—each page of which contains the officer's name, PHS serial number, and date. The CV is the appropriate place to document items not reflected in the PIR or COER. This includes training, temporary duty authorized by travel orders rather than personnel orders, and any duty assignments not reflected in the billet history. The CV is the one place where the officer can present a *concise* picture of his/her entire career. It reflects not only

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the variety and type of assignments, and progression of responsibility, but also reflects any geographic and/or Agency mobility. Although submission of a current CV does not guarantee promotion, an officer does himself/herself a disservice by not submitting a current one. Board members have a limited amount of time to review each eOPF. Lack of a CV may put the officer at a disadvantage and make him/her less competitive. The importance of a current CV in an appropriate format in the eOPF cannot be overemphasized. Contact your Professional Advisory Committee for your category's recommended format. Links to category Web pages can be found on DCP's Web site under 'Links' and then by selecting 'Other Links of Interest.'

Please note that DCP will not file program agendas, publications, photos, or news articles about officers' accomplishments. Such accomplishments should be summarized in the CV. Furthermore, it is not necessary to duplicate items already in the eOPF.

License/Certification/Registration

PHS policy requires that certain categories of officers maintain proof of current, unrestricted licensure on file with DCP. **Officers found not to be in compliance with the license policy, as of July 2002, can expect denial of promotions.** Make a copy of your license/certification/registration renewal, write your PHS serial number in the right-hand corner of the document, and mail the copy directly to:

Division of Commissioned Personnel
ATTN: Licensure Project Officer
5600 Fishers Lane, Room 4-20
Rockville, MD 20857-0001

- or -

Fax a copy, marked ATTN: Licensure Project Officer, to: 301-443-5366.

The copy sent to the Licensure Project Officer at the above address is entered into DCP's database. **Copies that are sent directly to your Agency/Program, or other branches in DCP, may bypass DCP's data entry point, so please ensure you submit your license/certifi-**

cation/registration information to the Licensure Project Officer directly.

Agency Recommendation

In July 1995, Agency Representatives to the Office of the Surgeon General agreed to create a sixth promotion precept; the Agency recommendation.

DCP will provide the Agencies with a listing of their officers who will be considered by the Spring 2003 Promotion Boards. An Agency recommendation is only required for officers eligible for the temporary grade. All Agencies use precept factors of 'impact on Agency's mission' and 'value added' by the officer.

The Agencies may, at their discretion, add additional precept factors. The factors and the manner of application will be described by each Agency, and prior to implementation, this written process will be shared by the Agency with the officers and managers in the Agency.

The Agency recommendation assigns officers to one of four cohorts in accordance with the Agency process. An Agency's recommendation neither assures nor precludes the promotion of any promotion-eligible officer.

For Agency recommendation, the factors are: (1) contributions of the officer in fulfilling the mission of the Agency; (2) value added by the officer's contributions to the Agency; and possibly, (3) other Agency-specific precepts.

Temporary:	O-4	O-5	O-6
Percentage:	15	15	15

Additional details on the sixth precept for temporary grades and your Agency's process can be obtained from your Commissioned Corps Liaison.

General Information

All eOPFs of officers who are eligible for consideration for promotion have been scanned and indexed. PY 2003 Promotion Boards will be conducted via electronic processing. **The importance of officers reviewing their eOPFs from DCP's Web site cannot be over emphasized. This should be done immediately to determine the accuracy of the**

content of your eOPF (you must do more than just scan your eOPF's index of documents, be sure to actually view the individual images). Subsequent reviews should be done periodically and in particular after documents have been submitted for inclusion in the eOPF. (Please allow 2-3 weeks after submission for processing.) Officers may access their eOPFs at DCP's Web site by using their assigned passwords. If you do not know your password, please phone the Help Desk at 301-594-0961. As you review your eOPF online, please e-mail any questions to—opffix@psc.gov.

Since the eOPFs can be accessed via the DCP Web site, officers should submit documents to be included in their eOPF by fax. *NOTE: Detailed information can be found in an article titled "Submitting Information for Electronic OPFs" elsewhere in this issue of the Commissioned Corps Bulletin.*

Important: Please check the Web site before submitting information to be certain that you are not submitting duplicates. **Documents must be faxed by midnight December 31, 2002, to ensure that the documents are included in the eOPF for review by the promotion boards.**

DCP has realigned how services are provided to our customers. Service to officers for career counseling is no longer provided from members of the DCP staff formerly known as Staffing Officers. Therefore, officers are being directed to assume more personal responsibility for their career development. Resources are available in the Agencies, from the Chief Professional Officers and the Professional Advisory Committees, and DCP's Web site under "Frequently Asked Questions (FAQs)."

It is important to remember that career advancement is an ongoing, long-term process and not a 'quick fix' immediately prior to promotion eligibility. In general, the same attributes that would make an officer highly competitive for a higher-level position also make the officer a good candidate for promotion.

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IMPORTANT DATES TO REMEMBER

PIR Corrections Postmarked
No Later Than:

November 15, 2002

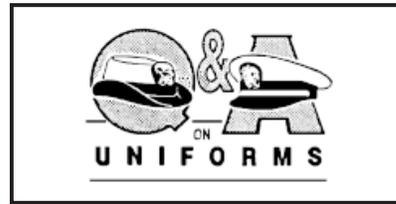
Documents Faxed for Inclusion in
Electronic OPF No Later Than:

December 31, 2002

IMPORTANT PHONE NUMBERS

FOR PIR QUESTIONS: 301-594-3353
(or toll-free at 1-877-INFO DCP,
listen to the prompts, select option
#1, dial 43353).

FOR LICENSURE QUESTIONS: 301-594-
3352 (or toll-free at 1-877-INFO
DCP, listen to the prompts, select
option #1, dial 43352).



We are always encouraged by the resounding responses received after publishing the "Q & A on Uniforms" column in the *Commissioned Corps Bulletin* (last published in the July 2002 issue). Unquestionably, many Public Health Service (PHS) Commissioned Corps officers have a tremendous amount of pride when it comes to the PHS uniform.

Our uniform is truly unique and sets us apart from any other uniformed service. When I am around members of the other uniformed services, they always take a second look at the PHS uniform. We stand out! Our uniform stands out! Sometimes this is good, and sometimes this is bad. The other uniformed services members and all those who see us in uniform judge us at that moment and decide what they think of us as a Service. A well-groomed officer and a good-looking

uniform can make the difference in what they think. At a time when national pride is running high, don't you want to make the best impression you possibly can?

Before answering some of the questions that came up recently, we would like to thank the Junior Officers Advisory Group (JOAG), especially LTJG Russell Graham and LT Dimitrus Culbreath from the Office of the Surgeon General, for their advice, guidance, and encouragement in regard to all uniform issues.

If you have questions about your uniforms, please e-mail LCDR Ron Keats, at rkeats@psc.gov.

Q. We have a female officer in our district who wants to wear the tie with the Salt and Pepper uniform. Is this correct wear of the uniform?

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Medical Affairs Branch

The interim 'waived charges' benefit, a program initiated by the Department of Defense to eliminate cost shares, copayments, and deductibles for active-duty family members who accompany their sponsors to remote locations, ends August 31, 2002. Starting September 1, 2002, active-duty family members who are not enrolled in the TRICARE Prime Remote for Active-Duty Family Members (TPRADFM) will again be responsible for paying TRICARE Standard deductibles and cost shares, just as they did before the interim benefit was provided.

Pre-enrollment in the TPRADFM program will run August 1 to September 20, 2002. Family members who choose to pre-enroll, like others enrolled in TRICARE Prime, will have no cost shares or deductibles. Additionally, they will receive other TRICARE Prime benefits, including enhanced access and preventive care services and reimbursement of travel expenses for medically necessary care.

TRICARE Prime Remote for Family Members

To pre-enroll in the TPRADFM program, active-duty sponsors and family members must reside with their sponsors in remote locations. Active-duty sponsors and family members must be identified as eligible in the Defense Enrollment Eligibility Reporting System (DEERS). They also must live and work more than 50 miles or approximately a 1-hour drive time from the nearest military treatment facility.

Active-duty sponsors and family members may verify their eligibility for the TPRADFM program on the TRICARE Web site at—www.tricare.osd.mil/remote. They may also verify their eligibility in DEERS by visiting or contacting the nearest military identification card issuing facility or contacting the Defense Manpower Data Center Support Office toll free at 1-800-538-9552.

In TRICARE Prime Remote (TPR) locations where network providers serve as primary care managers, active-duty fam-

ily members already enrolled in TRICARE Prime do not need to enroll in the TPRADFM program.

In TPR locations where network providers are not available, active-duty family members may pre-enroll in the TPRADFM program August 1 to September 20, 2002, by completing a TPRADFM enrollment application and submitting it to their TRICARE regional managed care support contractor.

Starting September 1, 2002, these family members will be able to use the services of authorized TRICARE providers and pay neither cost shares nor deductibles. Family members who choose not to pre-enroll, may use the TRICARE Standard benefit and pay the usual cost shares and deductibles.



Q & A on Uniforms

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- A.** No. The correct wear of the Summer Blue (Salt and Pepper) uniform consists of a white short sleeved shirt with epaulets, a blue belted skirt or blue belted slacks, a cap, black dress shoes, black belt with gold tip, gold belt buckle, appropriate undergarments, hosiery, hard shoulder boards, the PHS name tag, and authorized ribbons. The tie is *NOT* authorized with this uniform. In addition, the long sleeved shirt is *NOT* authorized with the Summer Blue (Salt and Pepper) uniform.
- Q.** Are PHS officers allowed to wear a goatee?
- A.** No. For facial hair: if a beard and/or mustache is worn, it shall be neatly trimmed and groomed at all times, so as to avoid a ragged appearance. A beard may be either full or partial; however, patches or spots of facial hair are not considered a beard and are not authorized. A goatee falls into this category of patches or spots of facial hair.
- Q:** I have seen officers not wearing undershirts. What are the proper undergarments for the uniform?
- A.** For men, the undergarments to be worn are (1) Undershirt White: Made of white cotton or polyester/cotton. May be sleeveless and have a V-neck or crew neck. (2) Undershorts: Shall be boxer or brief style, and white when wearing white uniforms.
- For women, the undergarments to be worn are (1) Brassiere: White when worn under white shirts. Otherwise, color is wearer's option. (2) Underpants: White when worn under white skirt/slacks. Otherwise, color is wearer's option. (3) Slip: May be full or half slip. Shall be white when wearing white uniform components. Undershirts are not authorized for women.
- Note:* This issue has been raised several times. It is very important for officers to understand that undergarments are just as much a part of the uniform as the outer garments of their uniform.
- Q.** Am I allowed to wear my ribbons on the Working Khaki uniform?
- A.** No. The Working Khaki uniform is to be worn when other uniforms would be considered unsafe, or would become unduly soiled. Working uniforms are not worn for general usage and are not appropriate for wear in public away from the duty station. For this reason, no badges and/or ribbons are authorized for wear with this uniform.
- Q.** I have seen officers wearing sunglasses that are multicolored with long ropes attached to them to hold them in place. Is this authorized with our uniform?
- A.** No. Sunglasses and light-reactive glasses of conservative design are permitted, but excessively dark lenses and multicolored designs are not permitted for wear with the uniform. In addition, any cord to secure attachment to the head is not authorized.
- Q.** What is the correct wear of the Army black sweater?
- A.** The Army-style pullover sweater, V-neck, black, is produced in two kinds of material. The first is made of ribbed wool with nylon patches on the right breast, shoulders, and elbows. The second is made of 100 percent acrylic with nylon patches on the right breast, shoulders, and elbows. Each is provided with straps for affixing soft shoulder boards. The correct wear includes wearing soft shoulder boards and the name tag on the sweater. No other ribbons or badges are to be worn on the sweater. When worn over a shirt with a tie, the shirt collar points should be placed inside the neck of the sweater (for khaki and blue shirts, collar insignia are worn as usual). When worn with an open collar shirt, the collar points should be outside the neck of the sweater. When worn with the Summer Dress Blue uniform, the Summer Dress Blue coat is removed. This sweater is *NOT* authorized for wear *outdoors* with the Service Dress Blue, Summer White, Summer Blue (Salt and Pepper), Summer Khaki, or Working Khaki uniforms.

Call for Nominations for ROA's VADM C. Everett Koop Award

Nominations are now being accepted for the Reserve Officers Association's (ROA) annual Public Health Service (PHS) Junior Officer of the Year Award, named in honor of former Surgeon General C. Everett Koop.

The award recognizes an outstanding PHS officer at the rank of O-4 (LCDR) or below. ROA membership is *not* a requirement for nomination. The award will be presented at the Annual ROA Mid-Winter Conference to be held in Washington, DC, in January.

ROA will pay registration for the recipient to attend all conference functions. However, ROA cannot pay for travel expenses to attend the conference, and program managers are encouraged to assist with travel support if their candidate is selected. Further information and nomination instructions can be obtained by contacting CAPT Paul Johnson at 712-252-3211. Nominations must be received no later than **October 31, 2002**.

Mr. Donald A. Franke Dies

On Sunday, August 11, the Division of Commissioned Personnel (DCP) lost a good friend and co-worker in the sudden death of Mr. Donald A. Franke. He was 41 years of age.

Don came to work in the Division of Commissioned Personnel in May 1991. Many Public Health Service Commissioned Corps officers as well as administrative personnel had contact with him when he worked in the Compensation Branch as a Military Pay Technician, and then from April 1998 to the time of his death, while he worked in the Beneficiary Medical Program section of the Medical Affairs Branch as a Program Analyst.

Don could always be depended upon to be customer-oriented while he carefully analyzed any problem and solved issues with the utmost efficiency. He always managed to do this while maintaining a pleasant attitude.

It is with great sadness that we in DCP report Don's death.



Keeping You Informed

Any officer who has to move, knows there are a million and one things to do in a short period of time. Even though you may not be making a move right now, chances are you will do so during your career as an officer in the Public Health Service Commissioned Corps. Your best line of defense is to be well informed.

During the past several months in this column, we have discussed many of the travel allowances an officer may be eligible for during a Permanent Change of Station (PCS). These allowances are not all-inclusive, may not relate to your specific move, but will give you an idea of what to expect when you do perform a PCS. In addition, just because something appears or does not appear on your 'orders', does not necessarily mean you are entitled or are not entitled to it. Your individual circumstances will determine what allowances you will receive and all allowances are dictated through the Joint Federal Travel Regulations (JFTR). 'JFTR' will always appear on your orders, and the entire JFTR is available online at—www.dtic.mil/perdiem/.

The basic allowances for an officer during a PCS, if qualified, are:

- Member and Dependent Travel and Transportation
- Household Goods (HHG) transportation and Storage with weight limitations
- Unaccompanied Baggage Transportation allowance (expedited move)
- Privately Owned Vehicle (POV) transportation in certain circumstances
- Dislocation Allowance in certain circumstances
- Temporary Lodging Allowance in certain circumstances

This month we will discuss travel time and the reimbursement of mileage and per diem during your travel, and time limits for your allowances.

- Travel time for a move is determined by the amount of distance you must go. For every multiple of 350 miles you move, you will receive one (1) day of travel time. If the distance is above

350 miles but within the next 50 miles, or less than 401 miles, you will still receive one (1) day of travel. Example: 750 miles receives 2 days of travel and 751 miles receives 3 days of travel. You can determine your travel days by looking at your orders and comparing the 'effective' date to the 'reporting' date.

- Mileage is determined by the distance between duty stations as shown by the Department of Transportation Official Distance (DTOD) tables. Reimbursement is determined by the amount paid per mile (determined by the number of dependents), multiplied by the official distance. The current PCS rates for mileage currently range from \$0.15 to \$0.20 per mile determined by the number of dependents traveling. If an officer is single, he/she is authorized to drive one (1) POV, and if the officer has dependents, he/she is currently authorized to drive two (2) POVs. Driving is considered the most cost effective transportation method for the government.
- Per diem is a flat rate paid for each officer and dependent that travels to the new duty station. The officer is paid the full per diem rate, and the dependents are paid a percentage of that rate dependent on their age and status. Other variations are possible if the officer and spouse drive at separate times. Currently, the per diem rate is \$50 for the officer, \$37.50 for the spouse and dependents 12 years old and older, and \$25 for dependents under the age of 12.

The allowances just described are considered for transportation of the officer and his/her dependents during a PCS move. There are variations that may change your specific allowances. Please check with your administrative office and your new Agency/Operating Division (OPDIV)/Program for details.

Another issue that needs to be discussed at this time is the 'time limits' an officer has for obtaining reimbursement for his/her entitlements after a PCS. Several officers have called and stated that they never received certain entitlements

and feel they should be reimbursed. Let me state it is *your* responsibility as an officer to make sure you receive every entitlement you deserve. No more, no less.

The JFTR states in Chapter 2, Part A, paragraph U2140-C, "Unless otherwise prescribed in this Volume, a member's PCS orders are valid while the orders remain in effect and prior to receipt of further PCS orders (45 Comp. Gen. 589 (1966))." This means if you are currently under a set of orders, you may receive any entitlements you are due at any time. If you perform a PCS, any and all entitlements that you did not receive or request under the old set of orders are null and void.

If you perform a PCS, be prepared. Start now by asking questions and finding out what allowances to which you may be entitled. Each Agency/OPDIV/Program has a staff member available to provide assistance when you call. Don't wait until the last minute. You are officers; take the lead!

If you have questions pertaining to your travel entitlement, check the "Commissioned Corps Travel and Transportation Center" under 'Services' on the DCP Web site—<http://dcp.psc.gov>—or you may call or e-mail LCDR Ron Keats at 301-594-3376 / rkeats@psc.gov.

Recent Deaths

Note: To report the death of a retired officer or an annuitant to the Division of Commissioned Personnel (DCP), please phone 1-800-638-8744.

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

<i>Title/Name</i>	<i>Date</i>
NURSE	
CAPT Elsie K.Y. Ho	07/24/02
ENGINEER	
CAPT William N. Long	07/29/02

Commissioned Corps Readiness Force

A Commissioned Corps Readiness Force Mission to Typhoon Chata'an in the Micronesian State of Chuuk.

A Commissioned Corps Readiness Force (CCRF) member reported to the Regional Operations Center in San Francisco exactly two days after finishing the Emergency Coordinator Augmentee Course at the U.S. Public Health Service (PHS) Noble Training Center. This member gained firsthand experience when the Emergency Coordinators in Region IX (San Francisco), who were disseminated from Chuuk to Guam to San Francisco, were in dire need of assistance. In addition, CCRF Emergency Room physicians and nurses are being deployed to Chuuk to care for Federal response workers on the Island.

National Nurse Response Teams and National Pharmacist Response Teams

The Office of Emergency Preparedness and the Office of the Assistant Secretary for Public Health Emergency Preparedness are developing a partnership with the American Nurses Association and the Joint Commission of Pharmacy Practitioners Working Group to identify health care teams of private sector nurses and pharmacists who would be trained and available to provide mass prophylaxis or vaccination in case hundreds of thousands, or even millions of Americans, required care. For more information see—<http://www.nursingworld.org/news/disaster/response.htm>.

CCRF is in the process of identifying and recommending PHS Commissioned Corps pharmacists and nurses to serve as team leaders and administrative officers for the 10 PHS Regions. Teams will be divided according to their members' geographic location within each of the 10 PHS Regions: Region I (Boston); Region II (New York City); Region III (Philadelphia); Region IV (Atlanta); Region V (Chicago); Region VI (Dallas); Region VII (Kansas City); Region VIII (Denver); Region IX (San Francisco); and Region X (Seattle).

Avian Flu

The Avian Flu mission came to a close in early August. Since April 2002, CCRF

and the National Disaster Medical System have supported the U.S. Department of Agriculture (USDA) in controlling an outbreak of avian influenza on turkey and chicken farms in Virginia. CCRF deployed 15 personnel (veterinarians and epidemiologists) who worked with the Veterinary Medical Assistance Teams to contain the spread of the disease. CCRF officers were involved in surveillance, laboratory work, epidemiology studies, geospatial analysis, and supervision of depopulation activities. USDA had nothing but high praise for our officers who participated in the mission.

HHS Command Center

Once again, CCRF members and their Agencies are generously giving of their time to staff the Department of Health and Human Services Command Center through September 2002.

CCRF Training Provides CEUs

CCRF Web-based training modules, developed in cooperation with the National Disaster Medical System and the University of Maryland, Baltimore County, are complete. Upon completion of a session, officers (in most categories) may receive continuing education credits from the University of Maryland.

Field Medical Readiness Badge (FMRB)

All Web-based training modules have now been completed and are posted on the Web. If you wish to receive the FMRB, please submit the items listed below, to:

Commissioned Corps Readiness Force
ATTN: RADM John Babb
12300 Twinbrook Parkway, Suite 360
Rockville, MD 20857-0001

- (1) A photocopy of the front and back of your AHA BLS Healthcare Provider card.
- (2) A copy of a statement, signed by the individual supervising your work, that you have completed a minimum of 112 hours of work in your deployment role. The statement must include the following: your name; facility where you performed the work; a one sentence description of the serv-

ices provided; the number of work hours performed in the last 12 months; the name, title, and contact information of the supervisor; and the supervisor's signature.

- (3) A copy of form PHS-731 (yellow Immunization Card) showing compliance with all required vaccinations.
- (4) A statement, signed by your health care provider, certifying your height and weight within the last 12 months. The statement must include the following: your full name; the date; your weight in pounds, height in inches, and age; and the name, address, contact information, and signature of the provider.
- (5) A statement, signed by another active-duty PHS officer, that you have successfully completed the Annual Physical Fitness Test (APFT). The statement must contain your name and age; the date of the APFT; number of pushups completed in 2 minutes; number of sit-ups completed in 2 minutes (or your time on the Sidebridge); time on the 1½ mile run (or the 500 yard swim); and the name, rank, PHS serial number, and contact information of the officer certifying your results.

CCRF personnel will **verify** the following: current license on file with the Division of Commissioned Personnel (DCP); physical exam on file with the Medical Affairs Branch, DCP, dated within the last 5 years; and validation of every 3 month logins to the CCRF Web site; and currency of your information.

CCRF personnel have begun reviewing submitted officer applications for the FMRB on a quarterly basis beginning in July 2002. DCP will consider officers, who fulfill the requirements, for the FMRB. Those who do not fulfill the requirements will be notified and given further guidance. The next review will occur in October 2002 for all applications submitted before September 30, 2002.

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BCOAG's Call for Nominations for Awards

Call for Nominations for BCOAG's Annual George I. Lythcott Award

The Black Commissioned Officers Advisory Group (BCOAG) established the George I. Lythcott Award in May 1996 in memory of RADM George I. Lythcott, M.D. (1918-1995). RADM Lythcott was the first African American Public Health Service (PHS) Commissioned Corps officer appointed to head a PHS Agency, the Health Services Administration. Throughout his PHS career, he championed career ladder opportunities for junior grade PHS employees and significantly expanded initiatives to assist the Nation's medically underserved.

This award is designed to recognize an individual who demonstrates a genuine sense of public service and leadership initiative, and whose contributions enhance the health status of medically underserved populations. Any PHS Commissioned Corps officer (Grade O-2, O-3, or O-4) with a minimum of 5 years of service in the PHS Commissioned Corps is eligible.

Nominations are encouraged from all Agency/Operating Divisions (OPDIVs)/Programs and must describe how the candidate has met the following criteria:

- Contributions to Agency/OPDIV/Program objectives have reflected sustained high performance;
- Work performance or a single important achievement has been characterized by outstanding leadership initiative and/or the application of unique skills and creativity;
- Overall work performance or a single activity has clearly contributed to the mission of PHS;
- Participation in activities within or outside PHS that had a positive impact on improving the health status of the Nation's medically underserved populations; and
- Performance has continuously demonstrated a genuine sense of public service and professional integrity.

An original and four copies of the nomination form and a narrative justification (not to exceed two pages) are required.

The nominee's curriculum vitae will be requested at a later date if needed. A blank nomination form is available on the BCOAG Web site—www.bcoag.freeservers.com.

Call for Nominations for BCOAG's Annual Hildrus A. Poindexter Award

BCOAG established the Hildrus A. Poindexter Award in 1990 in memory of the late CAPT Hildrus A. Poindexter, M.D., Ph.D., M.S.P.H., Sc.D., (1901-1987). CAPT Poindexter was an exemplary PHS Commissioned Corps officer, humanitarian, clinician, educator, and world renowned scientist. His commitment and service record in support of the medically underserved throughout the world significantly enhanced the positive image of the PHS. He was an excellent role model for all involved in service to the world's disenfranchised.

This award was established to recognize a commissioned officer or civil servant (with a minimum of 7 years service within PHS) for continued outstanding service that enhanced the health of minority or underserved populations.

Each nominator must describe how the candidate has met four of the following criteria:

- Demonstrated significant contributions toward improving the health status of African Americans and other minorities in the United States;
- Continually demonstrates exceptional dedication to the mission of PHS;
- Demonstrated outstanding leadership (academically, administratively, programmatically, and/or internationally);
- Demonstrated excellence in his/her professional field; and
- Demonstrated significant professional and humanitarian contributions to raising the living standards of the disenfranchised in communities within the United States and abroad.

An original and four copies of the nomination form and a narrative justification (not to exceed two pages) are required.

The nominee's curriculum vitae will be requested at a later date if needed. A blank nomination form is available on the BCOAG Web site—www.bcoag.freeservers.com.

Call for Nominations for BCOAG's Annual Retired Officers Recognition Award

The BCOAG Retired Officers Recognition Award was established in 1998. This award is designed to recognize retired African American PHS Commissioned Corps officers who served with distinction for a decade or more and fostered the mission of the PHS.

Two individuals are recognized each year by their peers. The nomination must include documented evidence of outstanding service as a Corps officer, and significant contributions to community and/or public health that served to enhance the quality of life for the disenfranchised in the United States and/or abroad. Priority is given to those nominees who have continued to make significant public health contributions during their retirement from the PHS.

A blank nomination form is available on the BCOAG Web site—www.bcoag.freeservers.com.

Deadline Date and Address to Send Nominations

To be considered, nominations for any of the above awards must be received at the following address by the close of business on Friday, **November 1, 2002**:

CAPT Wendell E. Wainwright
HRSA/HAB/DCBP/PCSB
5600 Fishers Lane, Room 7A-30
Rockville, MD 20857-0001
Phone: 301-443-1325
Fax: 301-443-1884
E-mail: wwainwright@hrsa.gov

Presentation of Awards

The George I. Lythcott Award, Hildrus A. Poindexter Award, and Retired Officers Recognition Award will be presented at a designated time and place in 2003.

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Two IHS Oklahoma Area Pharmacists Selected for National Awards

The Indian Health Service (IHS) has selected the Senior and Junior Pharmacists of the Year for 2002. This year *both* are from the Oklahoma City Area IHS! RADM Richard Walling, Chief Professional Officer for Pharmacy, Public Health Service (PHS), presented the awards to the recipients on June 8, in Phoenix, AZ.

CAPT Cathy L. Shaffer - Senior Pharmacist of the Year

CAPT Cathy L. Shaffer has served as the Chief Pharmacist at the Pawhuska Indian Health Center in Pawhuska, OK, since January 1982. In January 1992, she assumed the additional duties of the clinic Performance Improvement Officer and computer site manager. She has demonstrated outstanding competence and performance in these assignments while maintaining an exemplary pharmacy department within the clinic. She has also served as the Facility Director on numerous occasions, sometimes for extended periods of time. CAPT Shaffer is an invaluable performer for the Pawhuska Indian Health Center. Her outstanding efforts have resulted in significant improvements in pharmaceutical care and the overall efficiency and operation of the clinic.

In November 1997, CAPT Shaffer was appointed by the Chief Pharmacist of

IHS to serve as the Chairperson for the National Pharmacy Professional Specialty Group (PSG). This additional duty appointment involved significant responsibility for the overall coordination and direction of all pharmacy software and development in the IHS. Each decision and action of the PSG impacted more than 150 hospitals and clinics in the IHS. CAPT Shaffer's job was to reorganize and revitalize the PSG and address several critical and imminent issues for pharmacy software development. Her outstanding leadership and organizational skills were tested severely in the role of Chairperson, National Pharmacy PSG. In every instance, she responded and was successful in gaining consensus, accomplishing objectives, and advancing the goals of IHS pharmacy at the national level.

LCDR Michael P. Lee - Junior Pharmacist of the Year

LCDR Michael P. Lee was selected as Junior Pharmacist of the Year based on his superior accomplishments while serving as a staff pharmacist at the Claremore Indian Hospital, Claremore, OK. Lcdr Lee joined the Claremore Indian Hospital as a staff pharmacist in 1998, and has been responsible for many accomplishments and innovations at the hospital:

- As leader of the influenza immunization team, Lcdr Lee developed a notification and a follow-up system to help assure appropriate patients received flu vaccinations. With implementation of this team, influenza vaccines increased by more than 50 percent.
- As a member of the National IHS Health Promotion and Disease Prevention Team, he helps to establish systemwide patient education codes for proper medical record documentation.
- Lcdr Lee served as grant administrator for a \$50,000 IHS grant to improve health education and disease prevention.
- Nationally credentialed as a Clinical Pharmacy Specialist, Lcdr Lee assisted in teaching other pharmacists to serve in pharmacy clinics such as the anticoagulant clinic and the cardiovascular risk reduction clinic.
- Lcdr Lee is a member of 'Team Ten,' the national pharmacy recruitment team for IHS. He has been responsible for recruiting many pharmacists for the IHS.
- Lcdr Lee has authored publications and made presentations to pharmacists and other clinicians both in the IHS and in private sector practices.

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Procedures for Ordering PHS-1345 and PHS-31

Most of the Public Health Service (PHS) forms used by officers are available on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—click on 'Services.'

Form **PHS-1345, "Request and Authority for Leave of Absence,"** and form **PHS-31, "Officers' Leave Record,"** are not available on DCP's Web site. PHS Commissioned Corps officers are never authorized to maintain their own leave folders. Leave Maintenance Clerks are responsible for currentness, completeness, and accuracy of officers' leave folders, and are authorized to order form PHS-1345 and form PHS-31 as outlined below.

- (1) Go to Web site—<http://propshop.psc.gov>
- (2) Click 'Forms & Pubs'
- (3) Search Product Catalog
- (4) Category: – Click 'Forms'
- (5) Agency – Click 'Any'
- (6) Description: – Leave blank
- (7) Product ID – Type in the following:
PHS (*leave a space here*) 1345
PHS (*leave a space here*) 31
- (8) Click 'Search'
- (9) Follow the prompts to place your order.

Additional Forms Download Web Sites

Please note that the DCP Web site contains links to sites where various forms can be located, i.e., General Services Administration (GSA forms), Office of Personnel Management (OPM forms), and Program Support Center (PSC forms). The PSC electronic forms site contains Department forms and forms from various Agencies/Operating Divisions, e.g., Food and Drug Administration (FDA forms), Indian Health Service (IHS forms), etc. *Example:* Officers in need of form HHS-520, "Request for Approval of Outside Activity," will find this form under 'Health and Human Services' of the PSC electronic forms site.

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Recent Calls to Active Duty

<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	
MEDICAL			Michael M. Quinn	FDA	HEALTH SERVICES	
<i>LIEUTENANT COMMANDER</i>			Atlanta GA		<i>LIEUTENANT</i>	
Martin G. Belson	CDC	PHARMACY		Jason D. Abel	FDA	
Atlanta GA		<i>LIEUTENANT</i>		Mobile AL		
<i>LIEUTENANT</i>			Peter S. Diak	IHS	Peter R. Lenahan	FDA
Dwight R. Humpherys	IHS	Zuni NM		Parsippany NJ		
San Carlos AZ		Lori M. Evans	IHS	Diahann L. Williams	OS	
NURSE			Parker AZ	Dallas TX		
<i>LIEUTENANT</i>			Binh T. Nguyen	FDA	<i>LIEUTENANT J.G.</i>	
Lisa C. Lewis	FDA	Irvine CA		Andrew M. Barlow	FDA	
Chicago IL		Ida-Lina Torquato	IHS	Stoneham MA		
Deonda L. Roberson	IHS	Fort Defiance AZ		William M. Futch	BOP	
Clinton OK		DIETETICS		Lompoc CA		
SCIENTIST			<i>LIEUTENANT J.G.</i>		Katherine C. Robbins	ATSDR
<i>LIEUTENANT COMMANDER</i>			Dalia Clark	IHS	Boston MA	
Mark M. Methner	CDC	Gallup NM		<i>ENSIGN</i>		
Cincinnati OH		ENVIRONMENTAL HEALTH		Chayanin Musikasinthorn	IHS	
<i>LIEUTENANT J.G.</i>			Susan L. Ilowiecki	FDA	Bethesda MD	
Susan L. Ilowiecki	FDA	San Pedro CA				□

Results of Permanent Promotions 2002

During the current promotion year cycle (July 1, 2002 through June 30, 2003) the records of 1,357 officers in the Regular and Reserve Corps of the Public Health Service Commissioned Corps who were eligible for competitive grade (e.g., Reserve Corps officers O-4 through O-6 and Regular Corps officers O-3 through O-6) promotions were reviewed by categorical/group boards. Of those eligible, 308 have or will receive permanent promotions to the competitive grades.

The maximum number of officers authorized to be on active duty in the Regular Corps is currently restricted by law to 2,800. Within this total authorized number, ceilings for each of the permanent grades have been established. Based upon actual permanent retirements and separations, 189 permanent promotions for officers in the Regular Corps can be made without exceeding the authorized grade ceiling. These promotions are subject to Presidential nomination and Senate confirmation.

Competitive permanent promotions were announced on consolidated Person-

nel Order numbered 2208 dated July 27, 2002. They are listed below and are effective as early as July 1, 2002, or the officer's date of eligibility, depending upon the established criteria set forth in Commissioned Corps Personnel Manual Pamphlet No. 1, "Commissioned Officer Roster and Promotion Seniority" (Blue Book). The Blue Book is available on the Division of Commissioned Personnel's Web site— <http://dcp.psc.gov>.

Category and Grade Promoted to: *Effective Date*

MEDICAL

To Permanent Captain (O-6)

Kelly J. Acton	07/05/2002
Jon K. Andrus	07/01/2002
Robert J. Berry	07/01/2002
Edward A. Brann	07/01/2002
Vito M. Caserta	07/01/2002
Robert T. Chen	06/17/2003
Carol A. Ciesielski	07/01/2002
Herbert N. Collins, Jr.	10/01/2002
Delores A. Endres	07/01/2002
Jeffrey E. Green	07/01/2002
Douglas H. Hamilton	07/01/2002
Harry W. Haverkos	07/01/2002
Barbara L. Herwaldt	07/01/2002

Frederic J. Kaye	07/01/2002
Carolyn V. Lee	01/01/2003
Michael J. Linnan	07/01/2002
H. Trent MacKay	07/01/2002
Thomas M. Manning	07/01/2002
Thomas D. Matte	07/01/2002
David E. Nelson	07/01/2002
Richard W. Niska	07/01/2002
Eric K. Noji	07/01/2002
Thomas A. Peterman	07/01/2002
Tracey A. Rouault	10/01/2002
William F. Simonds	07/01/2002
Michael E. St Louis	07/01/2002
Lois F. Steele	07/01/2002
Richard W. Steketee	07/01/2002
Anthony F. Suffredini	07/01/2002
Alan R. Thorne	07/01/2002
Charles R. Vitek	04/01/2003
Donna L. Vogel	07/01/2002
John W. Ward	07/02/2002
Jay D. Wenger	07/01/2002
Scott F. Wetterhall	07/01/2002
Stefan Z. Wiktor	07/01/2002
Lynne S. Wilcox	07/01/2002
Patricia A. Woodall	07/01/2002
Bradley A. Woodruff	07/01/2002

(Continued on page 13)

Results of Permanent Promotions 2002

(Continued from page 12)

Category and Grade Promoted to:	Effective Date	Category and Grade Promoted to:	Effective Date	Category and Grade Promoted to:	Effective Date
MEDICAL (Continued)		Steve J. Tierney	07/01/2002	Kitty R. MacFarlane	07/01/2002
<i>To Permanent Commander (O-5)</i>		Jorge R. Toro	07/01/2002	Russ P. Metler	04/01/2003
Steven B. Auerbach	06/28/2003	Timothy M. Uyeki	07/01/2002	Cheryl A. Seaman	07/01/2002
Leslie K. Ball	01/01/2003	Jaye L. Viner	07/01/2002	Mary R. Vienna	01/01/2003
Margaret C. Bash	03/06/2003	Susan A. Wang	07/01/2002	<i>To Permanent Lieutenant Commander (O-4)</i>	
Peter A. Briss	07/01/2002	DENTAL		Sandra A. Chatfield	07/01/2002
Harry J. Brown	10/01/2002	<i>To Permanent Captain (O-6)</i>		Mary L. Clift	07/01/2002
Jay C. Butler	07/01/2002	Randy G. Alkire	07/01/2002	Thomas B. Ellis	07/01/2002
James E. Cheek	07/01/2002	Michael J. Alpert	07/01/2002	Susan M. Hoeldt	07/01/2002
George A. Conway	07/04/2002	William D. Bailey	07/01/2002	Lance L. Poirier	07/01/2002
Timothy R. Cote	07/01/2002	Michael R. Fountain	12/04/2002	Terry L. Porter	07/01/2002
Elias Durry	01/01/2003	David W. Grau	07/01/2002	Diana M. Rand	07/01/2002
Jacqueline Jacobs Gindler	07/01/2002	Jan T. Josephson	07/01/2002	Keysha L. Ross	07/01/2002
Mark Grabowsky	07/01/2002	Ray M. McCullough	07/01/2002	Mary F. Rossi-Coajou	07/01/2002
Robin M. Ikeda	07/01/2002	Marian P. Mehegan	07/01/2002	Debra L. Scott	07/01/2002
Stephen J. Kinsley	07/01/2002	Robert J. Mork	07/01/2002	Robert G. Valandra	07/01/2002
John C. Klinkenborg	07/01/2002	James E. Sheats	07/01/2002	Paul R. Varney	07/01/2002
Eve M. Lackritz	07/03/2002	Sandra L. Shire	02/04/2003	ENGINEER	
Francisco Lago-Velez	07/01/2002	Galo R. Torres	07/01/2002	<i>To Permanent Captain (O-6)</i>	
Mary L. Lindegren	07/01/2002	Jeanine R. Tucker	01/19/2003	Kevin S. Chadwick	07/01/2002
Boris D. Lushniak	07/04/2002	Clifford D. White	07/01/2002	Thomas H. Coolidge	09/03/2002
Elaine Miller	08/02/2002	<i>To Permanent Commander (O-5)</i>		Jose F. Cuzme	07/01/2002
Anne C. Moore	07/01/2002	Ronald E. Bajuscak	11/06/2002	Norman L. Fairbanks	07/01/2002
John S. Moran	07/03/2002	Robert A. Cabanas	07/01/2002	Paul S. Fardig	07/01/2002
Manette T. Malacane Niu	07/03/2002	Jeffery R. Combs	10/01/2002	Sven E. Rodenbeck	01/01/2003
Susan E. Reef	07/01/2002	Paul I. Delgado	07/01/2002	Marvin L. Weber	07/01/2002
Renee Ridzon	07/01/2002	Scott K. Dubois	03/08/2003	Robert C. Williams	08/01/2002
Luis A. Rondon-Melendez	10/01/2002	Lawrence J. Gaskin	07/01/2002	Kim A. Yale	07/01/2002
Jose A. Sanchez	07/01/2002	Steven P. Geiermann	01/01/2003	<i>To Permanent Commander (O-5)</i>	
Kenneth C. Schoendorf	07/01/2002	Jerome S. Holbrook	07/01/2002	Jonathan M. Anderson	07/01/2002
Steven G. Scott	07/01/2002	Rodney F. Kirk	09/03/2002	Robert E. Biddle	11/04/2002
Patricia M. Simone	07/01/2002	Timothy L. Lozon	07/01/2002	Kenneth J. Fisher	04/01/2003
David L. Swerdlow	07/01/2002	Nicholas S. Makrides	01/01/2003	Sharon L. Kercher	07/01/2002
Mark J. Tedesco	07/01/2002	David M. McCollough	07/01/2002	Ronald D. Klem	07/01/2002
Marc S. Traeger	07/01/2002	Michael Mendelson	07/01/2002	Craig W. Larson	04/01/2003
Calvin L. Vermeire	07/01/2002	Thomas A. Reese	07/18/2002	Kenneth D. Linch	01/01/2003
Thomas J. Walsh	07/01/2002	<i>To Permanent Lieutenant Commander (O-4)</i>		Robert B. McVicker	07/01/2002
Charlton A. Wilson	07/01/2002	Katherine T. Cotton	07/01/2002	Joseph R. Winkelmaier	04/01/2003
Jack A. Yanovski	07/01/2002	Steven A. Johnson	07/01/2002	<i>To Permanent Lieutenant Commander (O-4)</i>	
<i>To Permanent Lieutenant Commander (O-4)</i>		Ronald D. Shepherd II	07/01/2002	Samie Niver Allen	07/01/2002
H. Alan Arbuckle	07/01/2002	NURSE		Gary S. Earnest	07/01/2002
John W. Barrett	07/01/2002	<i>To Permanent Captain (O-6)</i>		David K. Elder	07/01/2002
Linda L. Barrett	07/01/2002	Janice A. Drass	07/01/2002	Randall J. Gardner	07/01/2002
Elise M. Beltrami	07/01/2002	Kathleen E. Hastings	07/01/2002	Richard J. Gelting	07/01/2002
Thomas L. Bostwick	07/01/2002	Roberta A. Holder-Mosley	07/01/2002	Kenneth R. Mead	07/01/2002
Kim C. Brownell	05/15/2003	Mary J. Kozma-Fornaro	08/01/2002	Mary C. Miner	07/01/2002
Gustavo Ivan Cadavid	07/01/2002	Steven E. Nesseler	01/01/2003	Daniel D. Reitz	07/01/2002
Sharon R. James-Schmidt	07/01/2002	Meribeth M. Reed	07/01/2002	SCIENTIST	
David K. Kim	07/01/2002	Lynnette Ann Scott	10/01/2002	<i>To Permanent Captain (O-6)</i>	
Matthew Joseph Kuehnert	10/01/2002	Andrew C. Stevermer	07/01/2002	David L. Ashley	02/04/2003
James F. Lando	07/01/2002	John J. Tuskan, Jr.	10/01/2002	Alejo Borrero-Hernande	10/01/2002
John F. Moroney	07/01/2002	Charles R. Vananden III	10/01/2002	Donald H. Burr	07/01/2002
Valerie J. Ohman	07/01/2002	<i>To Permanent Commander (O-5)</i>		Susanne M. Caviness	07/01/2002
Felicia D. Pharagood-Wade	07/01/2002	Werner H. Beckerhoff, Jr.	07/01/2002	Susan M. Conrath	07/01/2002
Diane L. Pond	04/01/2003	Janice M. Carico	07/01/2002	Ann M. Hardy	10/01/2002
Mary C. Porvaznik	07/01/2002	Clara Hendersson Cobb	07/01/2002	George B. Jones	07/01/2002
Nancy E. Rosenstein	07/01/2002	Kirk L. Hopinka	10/01/2002	Teresa M. Schnorr	07/01/2002
Alexander K. Rowe	07/01/2002	Ellen J. King	10/01/2002		
Joel D. Selanikio	07/01/2002	Ann R. Knebel	01/01/2003		
Kenneth Sowinski	07/01/2002				
Madeline Y. Sutton	07/01/2002				

(Continued on page 14)

Results of Permanent Promotions 2002

(Continued from page 13)

Category and Grade Promoted to:	Effective Date	Category and Grade Promoted to:	Effective Date	Category and Grade Promoted to:	Effective Date	
SCIENTIST (Continued)						
<i>To Permanent Commander (O-5)</i>			<i>To Permanent Commander (O-5)</i>			
Mary E. Birch	11/07/2002	Rodney M. Bauer	07/01/2002	Edwin S. Spirer	07/01/2002	
Angela M. Gonzalez	07/01/2002	Gary W. Blair	07/01/2002	Timothy H. Strand	07/01/2002	
Lauren C. Iacono-Connors	10/01/2002	Gary M. Givens	12/08/2002	Wendell E. Wainwright	07/01/2002	
Mahendra H. Kothary	01/03/2003	Raymond Goldstine	03/23/2003	Nancy A. Williams	07/01/2002	
Francois M. Lalonde	07/01/2002	Marie B. Greenwood	07/01/2002	<i>To Permanent Commander (O-5)</i>		
Elizabeth A. Whelan	07/01/2002	Michael E. Marcarelli	07/01/2002	Epifanio Elizondo	01/01/2003	
Mildred M. Williams-Johnson	03/29/2003	L. Glenn Massimilla	07/01/2002	Virginia M. Mahady	07/01/2002	
<i>To Permanent Lieutenant Commander (O-4)</i>			James P. Stables	07/01/2002	Janet M. Ruck	07/01/2002
William J. Murphy	07/01/2002	Cathy Pierce Zehrung	07/01/2002	Terry J. Schleisman	09/13/2002	
Douglas A. Thoroughman	07/01/2002	<i>To Permanent Lieutenant Commander (O-4)</i>			Mary E. Wilkerson-Brinsko	06/24/2003
Bennie D. Wheat	07/01/2002	Ronald F. Chapman	07/01/2002	<i>To Permanent Lieutenant Commander (O-4)</i>		
ENVIRONMENTAL HEALTH			John M. Coleman	07/01/2002	Bradley L. Austin	07/01/2002
<i>To Permanent Captain (O-6)</i>			Debra A. Dotson	07/01/2002	Jose H. Belardo	03/01/2003
Richard F. Collins	10/07/2002	Paul E. Huntzinger	07/01/2002	John J. Cardarelli II	07/01/2002	
Charles S. Otto III	07/01/2002	Valerie E. Jensen	07/01/2002	Pamela G. Conrad	07/01/2002	
Paul D. Pryor	07/01/2002	Nancy E. Lawrence	07/01/2002	Steve Gurski III	10/01/2002	
Charles D. Stanley	07/01/2002	Sharon J. McCoy	07/01/2002	Jon D. Hemphill	07/01/2002	
John A. Steward	07/01/2002	Paul J. Na	07/01/2002	R. Andrew Hunt	07/01/2002	
<i>To Permanent Commander (O-5)</i>			Sharon L. Oestereich	05/24/2003	Doreen M. Melling	07/01/2002
Richard W. Durrett	07/01/2002	Kurt M. Riley	07/01/2002	Lawrence M. Zubel	07/01/2002	
James S. Spahr	12/03/2002	Judy L. Rose	07/01/2002	<i>To Permanent Lieutenant (O-3)</i>		
<i>To Permanent Lieutenant Commander (O-4)</i>			Robert J. Tosatto	01/01/2003	Ariel E. Vidales	07/01/2002
Diana M. Kuklinski	07/01/2002	Jeffrey W. Walling	07/01/2002			
Susan D. McCracken	07/01/2002	Jacqueline H. Ware	07/01/2002			
David M. Mosier	07/01/2002	Travis E. Watts	06/04/2003			
Daniel C. Strausbaugh	01/01/2003	DIETETICS				
VETERINARY			<i>To Permanent Captain (O-6)</i>			
<i>To Permanent Captain (O-6)</i>			Janet M. Taylor	07/01/2002		
Cynthia L. Pond	07/01/2002	<i>To Permanent Commander (O-5)</i>				
Linda R. Tollefson	07/01/2002	Tammy L. Brown	07/01/2002			
<i>To Permanent Commander (O-5)</i>			<i>To Permanent Lieutenant Commander (O-4)</i>			
Judith A. Davis	08/16/2002	Young S. Song	04/01/2003			
<i>To Permanent Lieutenant Commander (O-4)</i>			THERAPY			
Katherine A. Hollinger	07/01/2002	<i>To Permanent Captain (O-6)</i>				
Charlotte A. Spires	07/01/2002	Thomas J. Stolusky	07/01/2002			
PHARMACY			<i>To Permanent Commander (O-5)</i>			
<i>To Permanent Captain (O-6)</i>			Susan F. Miller	07/01/2002		
Elaine G.E. Abraham	07/01/2002	Rebecca A. Parks	07/01/2002			
Jeneva S. Arnold	01/02/2003	<i>To Permanent Lieutenant Commander (O-4)</i>				
Orville D. Brown III	01/06/2003	Bart E. Drinkard	10/01/2002			
Beverly J. Friedman	07/01/2002	James W. Standish	07/01/2002			
Truman M. Horn	07/01/2002	<i>To Permanent Lieutenant (O-3)</i>				
James U. Imholte	07/01/2002	Grant N. Mead	07/01/2002			
Max Lager	07/01/2002	HEALTH SERVICES				
Robert K. Leedham, Jr.	11/26/2002	<i>To Permanent Captain (O-6)</i>				
John C. Nidiffer	07/01/2002	Anna J. Albert	07/01/2002			
Thomas H. Perez	07/01/2002	Stephanie D. Bryn	07/01/2002			
Donovan J. Sauter	07/01/2002	Robert J. Carson	07/01/2002			
Cathie L. Schumaker	07/01/2002	Rochelle E. Curtis	07/01/2002			
Leland R. Stern	07/01/2002	Carol A. Delany	07/01/2002			
Gregory D. Thomas	07/01/2002	Nancy A. Hazleton	07/01/2002			
Paul D. Thomas	07/01/2002	Wade P. Kirstein	07/01/2002			
Theresa A. Toigo	07/01/2002	Greg J. Kullman	10/01/2002			
Frederick S. Townroe	07/01/2002	Robert A. Latina	10/21/2002			
Norman J. Turner	07/01/2002	James M. Mendlein	07/01/2002			
Jeannette Y. Wick	01/01/2003	Von Nakayama	07/01/2002			
		Stephen A. Souza	07/01/2002			

HEALTHY LIFESTYLES

**Get Active—Your Own Way,
Every Day, for Life**

REMINDER—

The Healthy Lifestyles Program is conducting a Web-based nutrition and physical activity survey. The results will be used to design a flexible, challenging program that meets *your* needs. Please take a few minutes to complete the survey.

You can access the survey at the Healthy Lifestyles Web site—www.cdc.gov/nccdphp/dnpa/usphs (look down the page under 'Related Resources', then click on 'USPHS Commissioned Corps Healthy Lifestyles Survey'), *User ID is: phs* – *Password is: healthy*. Your responses are anonymous and will be compiled and reported only in a summary manner for the purpose of making the Healthy Lifestyles Program better for all officers.

Our Summer Vacation—Adventure to Spain and Germany

Submitted by CDR Pamela Schweitzer

For the past few years, we have been talking about trying Space Available (Space-A) for a family vacation. Over the years, we heard of people traveling Space-A but had never taken the time to find out how to do it. Our two kids are at a great 'traveling' age (10 and 12 years old) and we thought it would be a good time to try it. After gathering information over the past year from Space-A books, the Basic Officer Training Course, and commissioned officers with first-hand experience, we were ready!

We live in the Phoenix area and decided to fly out of Travis AFB, California. We were planning to go to Japan, South Korea, or Guam since Travis AFB had several flights each week to these destinations. We planned to be flexible and receptive to other possible travel destinations.

As an active-duty officer with a family, we are considered Category III, which has a relatively high priority in getting a seat as compared to a retiree, Category VI. When we arrived at Travis AFB, it was very crowded with Category III families returning or going on vacation to Hawaii, which is a stop on the way to Japan (Okinawa) and South Korea (Osam). The plane we were hoping to get on was a C5, an Air Force transport plane that held 73 passengers. We ended up not making the cut-off and were planning to wait until the afternoon to hopefully catch another flight. My husband, not wanting to wait any longer, discovered a flight leaving at that moment to Moron, Spain. So, off to Spain we went! There was only one other family on the flight.

Our Travel Itinerary

- Travis AFB to McGuire AFB (unexpected stop) on a KC10, a tanker used for refueling. It had seats for 12 passengers. The next day, we continued on to Moron, Spain. We were the only passengers on the second leg of the flight. We had a delightful visit with the crew on the KC10. They were very

amenable in showing our kids various features of the plane.

- Taxi to Seville, Spain. Train to Rota Navy Base. From Rota, we rented a car to tour southern Spain. While in Rota, we were able to rendezvous with our good friends, another commissioned officer family from South Dakota.
- Medivac plane (C9, basically a DC9 with seats for about 25 passengers) via Italy to Ramstein AFB, Germany. Rented a van to tour Germany.
- Returned to the United States on a C5, a large transport plane with 73 seats for passengers, from Ramstein AFB to Dover AFB. Commercial airline from Baltimore-Washington International (BWI) Airport to Phoenix.

Some Highlights of the Trip

- Driving and navigating the highways of Spain and Germany, including roundabouts and the Autobahn.
- Going to a bullfight in Spain.
- Staying in a hostel in downtown Seville, Spain.
- Castles around every bend on the Rhine River cruise in Germany.
- Playing with the monkeys and the view of Africa while on top of the Rock of Gibraltar.
- Heidelberg Castle and tour.
- Visiting the Frankfurt Zoo (largest in Europe).
- Meeting a number of wonderful military personnel.

New Experiences Relating to Space-A Travel

- Learning Space-A jargon: billeting, manifest, roll-call, showtime, mission.
- Acknowledging the salutes every time we went on to a base.

- Using the DSN (Defense Switched Network), the primary telephone link between military installations worldwide.
- Visiting USO's (United Service Organizations). The kids loved the cookies, donuts, movies, and TV. The USOs also had Internet access.
- *Everywhere* we went, we met the most helpful and pleasant military personnel. They truly went out of their way to accommodate us. There was an instance where we were going to have to walk in the rain to the base lodging. The check-in clerk was kind enough to take us in his own personal vehicle so we wouldn't get soaked.

Things We Did While Waiting

Read books, wrote in a journal, visited with the other Space-A travelers, slept, watched TV, checked e-mail at the USO, and ate food. Our son also practiced his juggling and our daughter rode her unicycle around the terminal.

Advice We Were Given Before Traveling Space-A

... and which we also pass on to others considering this type of travel.

- Be flexible and patient.
- Pack light. We only took small daypacks. There are plenty of laundry facilities everywhere we went.
- Have plenty of annual leave for this type of trip. We were gone for 2½ weeks but had 30 days of approved leave.
- ATM's are a great way to obtain cash (Euros).

We all agree that the Space-A experience was an adventure! Our kids experienced and saw things they would have never otherwise encountered. You may want to consider this type of travel on a future vacation!



Retirements - August

Title/Name Agency/OPDIV/Program

MEDICAL

CAPTAIN

Anita W. Batman OS
 Susan E. Clift IHS
 William R. Levis HRSA
 Roy G. Parrish II CDC

NURSE

CAPTAIN

Andrew G. Sparber NIH

COMMANDER

Phillip A. Garner IHS

ENGINEER

CAPTAIN

Joseph D. Gillam EPA

SCIENTIST

CAPTAIN

Nelson K. Steenland CDC

Elizabeth M. Ward CDC

VETERINARY

CAPTAIN

William C. Keller FDA

Title/Name Agency/OPDIV/Program

PHARMACY

CAPTAIN

Gerard F. Miller IHS
 Linda J. Shull IHS

DIETETICS

CAPTAIN

Laurencia J. Liebmann CMS

HEALTH SERVICES

COMMANDER

Elizabeth A. Rasbury CMS

Filmmaker Seeks Information on Ellis Island

Filmmaker Lorie Conway is producing a film on the Public Health Service (PHS) hospital at Ellis Island. She is very interested in talking with any PHS Commissioned Corps officers who may have served at the hospital before it closed in the early 1950s. She is also interested in any written materials, photographs, audiovisuals, etc., that document aspects of the hospital and its work and employees.

If you can be of assistance to Ms. Conway, you may contact her as follows:

Ms. Lorie Conway
 176 Clinton Road
 Brookline, MA 02445

E-mail: conwayfilms@aol.com

Phone: 617-739-9320

Fax: 617-739-8384

VA's Memorial Program Service

The Department of Veterans Affairs (VA) National Cemetary System has a toll-free number for veterans or their dependents to inquire about VA's headstone and grave marker program. The toll-free number is 1-800-697-6947. Phones are answered Monday through Friday, from 8 a.m. to 5 p.m., Eastern time.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
 Division of Commissioned Personnel, Room 4-04
 Rockville MD 20857-0001

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