



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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November 2002

Surgeon General's Column

Last month I described some of the activities that I've been involved with since becoming Surgeon General in August. Several centered on Hispanic Heritage Month celebrated in September. November is National American Indian and Alaska Native Heritage Month. It's appropriate to mention both ethnic groups because the larger topic that I want to address in this *Surgeon General's Column* is the important role diversity plays in our work as commissioned officers. I'll share with you some of the activities I plan to be involved in for National American Indian and Alaska Native Heritage Month later in this column, but let me continue with the topic at hand.

A popular phrase often heard today is "Strength through Diversity." I've seen the phrase associated with colleges and universities, community groups, and similar organizations, but the most illustrative use I came across had to do with farming. In farming, it is suggested that by incorporating different varieties of plants into the crop, the entire crop is more resistant to disease, and thus, stronger. That principle can serve as a metaphor for the diverse fabric that is American society—many different threads combined to make a strong country. It's true of the Nation as a whole and it's true of the Corps as well.

In fact, about 30 percent of Public Health Service Commissioned Corps officers have self-reported that they belong to ethnic minority groups. The 30 percent far exceeds the percentage of minority health care professionals in the United States generally. In many ways, the Corps could be a model for the future of health professions. Diversity enhances

the Corps' ability to address the desire of some patients for health care providers who share their language, culture, or gender. In many settings where officers are located, even our 30 percent falls short of what might be deemed 'representative.' Nevertheless, we continue to strive to give excellent care, whatever the differences or similarities between caregiver and receiver.

Because it is often not possible to match the culture of health care providers with patients, I submit that all officers should be aware of the concept of 'cultural competence', defined by the U.S. Bureau of the Census as "a set of academic and personal skills that allow us to increase our understanding and appreciation of cultural differences between groups." Cultural competence is based on understanding and willingness to accept and appreciate differences. There is supporting evidence that cultural competence improves health outcomes. We also know intuitively that when patients are comfortable with their health care providers, it results in better communication, greater satisfaction with care, and an increased use of preventive services. While better communication and a high degree of satisfaction are of paramount importance, the suggestion that cultural competence may lead to an increase in the use of preventative services is very compelling.

You can probably sense from what you've read so far that President Bush, Secretary Thompson, and I support having a diverse workforce. The reason for this is simple: it is important to the people we serve. A diverse workforce is likely to help more minority patients re-

ceive care in settings they find trustworthy. However, the purpose of having diversity is much broader than overcoming language or cultural differences between a patient and doctor or nurse. It includes incorporating different cultural perspectives into activities involving health promotion, disease prevention, and public health policy development. It increases the likelihood that health issues that disproportionately affect minority groups will remain at the forefront.

I encourage you to embrace diversity and to improve upon your cultural competencies for the benefit of our patients, our fellow officers, and all Americans. Thankfully, many of you are familiar with the concept of cultural competence because of the work you do every day. Others who may not be quite as exposed to different cultures can learn to become a 'cultural bridge' the next time an opportunity presents itself.

Many Corps officers are actively involved in supporting diversity within the Corps. In 1990, a group of minority officers formed the Minority Officers Liaison Council (MOLC). MOLC is recognized by

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Surgeon General's Column

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the Office of the Surgeon General (OSG) as a liaison between OSG and established minority groups. These groups include the American Indian/Alaska Native Commissioned Officer Advisory Committee; the Asian Pacific American Officers Committee; the Black Commissioned Officers Advisory Group; and the Hispanic Officers Advisory Committee. The goals of these groups include career development and retention of minority officers; fostering participation and representation of minority officers in leadership of the Corps; enhancing the role of minority officers in the PHS; and developing effective communication and cooperation between minority officers, non-minority officers, and other parties. To learn more about MOLC, or the individual groups it represents, contact LCDR Elise Young, Chair, MOLC, at eyoung@hrsa.gov.

Finally, as I mentioned at the beginning of this column, I am continuing to be involved in honoring our Nation's diverse cultures. I am scheduled to join in the opening ceremony of National American Indian and Alaska Native Heritage Month on November 1st in the Great Hall of the Hubert H. Humphrey Building in Washington, DC. The theme for this year's celebration is "Honoring Life, Honoring Elders, Honoring Heritage." I also plan to attend a similar event celebrating National American Indian and Alaska Native Heritage Month at the Parklawn Building in Rockville, Maryland, on November 19th. These wonderful events help to educate us about the rich cultures and many contributions of the more than 550 American Indian and Alaska Native tribes in the United States. I heartily encourage you to check your calendars for similar events at your location and participate in the colorful and festive celebrations for yourself.

VADM Richard H. Carmona
Surgeon General



Keeping You Informed

November is here, and it appears that commissioned corps officers are relocating more than ever. Here is a quick review of entitlements when you move:

- Travel and transportation for you and your dependents.
- Movement of your household goods (HHG) up to your specified allowance.
- 90 days of storage for your HHG, if needed.
- Dislocation Allowance (DLA), if qualified.
- Temporary Lodging Expense (TLE) for up to 10 days before or after you leave your current duty station (not for a house hunting trip).

These entitlements are not 100 percent certain. Each entitlement has rules that govern it. You must qualify for each entitlement through the rules in the Joint Federal Travel Regulations (JFTR).

There are many changes occurring in the JFTR. A brief synopsis of a few of these changes follows:

- It is *mandatory policy* that uniformed service members use available Commercial Travel Offices (CTOs) to arrange official travel, including transportation and rental cars, except in special circumstances. Failure to follow this policy will cause the traveler to pay all unrelated costs. The Department of Health and Human Services has contracted with Carlson Wagonlit Travel.
- Clarification that a member's HHG transportation entitlement may be used *any time* while the orders remain in effect and prior to receipt of further Permanent Change of Station (PCS) orders, as long as the HHG transportation is incident to the member's PCS rather than for personal reasons.
- Adds *late check-out fees* for lodging to the reimbursable expenses list for Temporary Duty (TDY) travelers.
- Effective *January 1, 2003*, the flat rate per diem paid to officers during their PCS travel will increase from \$50 per night to \$85 per night.

Here are a few tips for you to think about when preparing to move.

- Things to expect the *Agency* to do:
 - The gaining Agency will initiate form PHS-1662, "Request for Personnel Action-Commissioned Officer." This form must travel through your chain of command, your Commissioned Corps Liaison, and the Division of Commissioned Personnel (DCP). This chain of events takes time, so know what to expect.
 - When DCP receives form PHS-1662, the transaction technicians in the Officer Support Branch will process the request for personnel orders. This takes time because of the negotiations for a release date that takes place between the two Agencies. **DON'T MOVE YOUR HHG UNTIL YOU RECEIVE YOUR ORDERS.**
 - Things *you* should expect to do:
 - Download form PHS-4013-1 "Application for Shipment of Household Goods (Commissioned Officers)" from the DCP Web site—<http://dcp.psc.gov>.
 - If you are relocating your household, you—the officer— must submit form PHS-4013-1 to the appropriate shipping officer. Check the DCP Web site to see the shipping officer your Agency/Operating Division (OPDIV)/Program uses.
 - Standard Form 1203, "Government Bill of Lading (GBL)," will be completed to move your HHG. The moving company will receive this form from your shipping officer.
 - The shipping officer is only as good as the information you provide on form PHS-4013-1. Be accurate and ask questions if you need clarification.
- Assistance that is available to you:
- (1) The Agency/OPDIV/ Program/Commissioned Corps Liaison and DCP Web site
 - Provides Commissioned Corps Personnel Manual Pamphlet No.11, "Information on Shipment of Household Goods."

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Keeping You Informed

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- (2) The Agency/OPDIV/Program's Shipping Officer and DCP Web site
- Provides information that is necessary to conduct the move.
 - Once you receive your orders, contact the shipping officer for paperwork/forms to begin the HHG moving process.
- (3) The PHS Military Advisory Panel Member and Travel Coordinator
- Provides interpretation of the JFTR.
 - Provides guidance/entitlements summary for PCS moves.

If you have questions pertaining to your travel entitlement, check the 'Commissioned Corps Travel and Transportation Center' under 'Services' on DCP's Web site—<http://dcp.psc.gov>—or you may contact:

LCDR Ron Keats
E-mail: rkeats@psc.gov
Phone: 301-594-3376 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43376)

PROMOTION YEAR 2003

IMPORTANT DATES TO REMEMBER

Promotion Information Reports (PIRs) can be viewed online at—<http://dcp.psc.gov>—'Secure Area', 'Officer and Liaison Activities.' PIR corrections must be postmarked no later than:

November 15, 2002

Send PIR corrections to:

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

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

Documents faxed for inclusion into the electronic Official Personnel Folder (eOPF) must be received no later than midnight on:

December 31, 2002

Fax documents to be included into the eOPF to either of the following fax numbers:

301-480-1436 (or) 301-480-1407

Medical Affairs Branch

When contacting the Beneficiary Medical Program (BMP) Section of the Medical Affairs Branch (MAB), Division of Commissioned Personnel, for authorization for healthcare, please note that the following information about the provider is required in order to obtain a purchase order number:

- Billing name
- Address
- Phone and fax numbers
- Tax ID number

BMP Corner

- Acceptance of Government assigned rates

For Your Information

Office renovations are tentatively scheduled for MAB/BMP in November—during the week of the Veterans Day holiday. If you know you will be needing authorization for healthcare around that time, please call early to avoid delays caused by the renovations. Do not hesitate to call BMP for emergencies or other urgent needs during this time. BMP can be reached at 1-800-368-2777.

Assimilation Year 2002 Update

The Division of Commissioned Personnel has completed the annual assimilation process for Assimilation Year 2002—339 officers were reviewed by two assimilation boards; 173 officers have been nominated. The nomination list recommending appointment to the Regular Corps from the Reserve Corps has been forwarded to the U.S. Senate for confirmation.

All officers who were reviewed have been notified of the outcome of their assimilation request. A copy of this notification has been placed in the pink section of the officer's electronic Official Personnel Folder.

Deadline for Submission of Applications for Assimilation into the Regular Corps

Applications for assimilation into the Regular Corps must be received in the Division of Commissioned Personnel (DCP) by the close of business on Friday, **February 14, 2003**, in order to be reviewed by the 2003 board.

A complete assimilation package that includes form PHS-7034, "Application for Assimilation into the Regular Corps," as well as a table outlining the differences between the Reserve Corps and the Regular Corps, are available on the DCP Web site— <http://dcp.psc.gov/assimilation.asp>. Information is also available by phoning *CorpsLine* at 301-443-6843. Listen to the menu and choose

the second option, "To retrieve documents through Faxback," and request document number **6560**.

Important: Officers who applied for assimilation in the past but were 'not recommended' are reminded that a new application is required in order to be reconsidered.

If you have any questions regarding assimilation, please contact LCDR Teresa Watkins in the Officer Support Branch, DCP, at 301-594-5117 or 301-594-3108 (toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 45117 or 43108).

Memorandum From the Surgeon General



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Surgeon General
Rockville MD 20857

October 24, 2002

TO: All Commissioned Officers
 FROM: The Surgeon General
 SUBJECT: Vaccinia Immune Globulin (VIG) Program

I am writing to alert you to an opportunity to increase our national preparedness for bioterrorism.

It is possible that our national security may require a large-scale smallpox vaccination program. Smallpox vaccination can result in adverse reactions in some recipients. Individuals who have never previously been immunized against smallpox, especially those with weakened immune systems or with certain skin disorders, face an increased risk of serious adverse events (including death) when they receive the smallpox vaccination. Vaccinia immune globulin (VIG), which is prepared from plasma from individuals immunized against smallpox, can help treat these adverse reactions.

Should a large scale vaccination program occur, a supply of VIG will be vital to help treat and minimize the impact of these reactions. Unfortunately, the supply of VIG for the Nation is currently insufficient to meet the needs of such a program.

In order to increase the supply of VIG, the Centers for Disease Control and Prevention has contracted with Cangene Corporation to administer smallpox vaccine to volunteers who have previously received smallpox vaccine, which will stimulate the production of antibodies needed to prepare potent VIG. Seven to ten days after vaccination, plasma will be obtained from these volunteers through plasmapheresis, and that plasma will then be used to manufacture an adequate supply of VIG.

Serologicals Specialty Biologics (Serologicals), as a subcontractor to Cangene, is operating the vaccination/plasmapheresis clinics for this process. There are numerous clinic locations, including in metro Atlanta and Washington, DC.

Important: Only those who have been previously vaccinated against smallpox are potentially eligible for this program, because they are at a lower risk for adverse events from the vaccine than those who never received the vaccine.

Through this memorandum, I am alerting all Public Health Service (PHS) Commissioned Corps officers about this program. If you have previously been vaccinated, and wish to volunteer, you should use the following phone number for further information and background materials.

Serologicals – Toll-free Information Line: 888-789-3939

Any potential risks of participating will be fully explained to you if you consider participation, and you will be provided written materials about the program. You should fully review these materials and data prior to making a decision whether to participate. Your questions will be answered and your informed consent obtained prior to any possible participation. Potential participants will also need to be in good health and to meet usual requirements for plasma donors. Please be assured that your decision whether to participate is voluntary and will not in any way affect your relationship with the Department of Health and Human Services or the PHS Commissioned Corps. In addition, it will not be necessary to use annual leave time to participate in the program.

Please consider whether you wish to participate in this program. Those who participate will be helping to protect and advance the health and safety of our Nation by increasing the supply of VIG, which can be lifesaving to those who may need it.

Richard H. Carmona, M.D., M.P.H., F.A.C.S.
 VADM, USPHS
 United States Surgeon General

ATTENTION ALL ACTIVE-DUTY OFFICERS!

PROMOTION INFORMATION—

Promotion notification memorandums are no longer being mailed; they are only available on the DCP Web Site.

Effective September 1, 2002, promotion notification memorandums are no longer being mailed to active-duty officers. Officers eligible for competitive promotion consideration should log into the 'Secure Area' of the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>. The eligible grade(s) and a link to the memorandum will appear at the top of the first page after logging into the 'Secure Area.' Officers may print out a copy of the notification memorandum from this site.

Competitive promotions include temporary and permanent O-4 through O-6 grades (excluding medical officers eligible for the temporary O-4 grade), and Regular Corps officers eligible for permanent O-2 or O-3 grades.

Officers who do not know their Logon ID and password in order to access the 'Secure Area', must contact the DCP Help Desk at 301-594-0961 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—40961) or e-mail the DCP Help Desk at dcphelpdesk@psc.gov. Officers who do not have Internet access, should contact their Commissioned Corps Liaison for guidance.

Procedures for Ordering Forms PHS-1345 and PHS-31

IMPORTANT: ACTIVE-DUTY OFFICERS—PLEASE SHARE THE FOLLOWING INFORMATION WITH YOUR LEAVE MAINTENANCE CLERKS.

Form **PHS-1345**, "Request and Authority for Leave of Absence," (a multicarbon form) and form **PHS-31**, "Officers' Leave Record," (printed on card stock) are not available on the Division of Commissioned Personnel's Web site. Leave Maintenance Clerks can

order these forms—at no cost—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 either of 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. **When asked for Payment Method – Click 'PSC Billback'.** *Note:* You will *not* be billed for these forms.



Dipping the Colors

Submitted by CDR Timothy Coté

September 11, 2002 and I am in the nondescript lobby of a major hotel for yet another conference, bedecked—as directed by the U.S. Public Health Service (PHS) Surgeon General—in my Service Dress Blues. It is a sad day. At 8:46 a.m. it will have been exactly 1 year since the first plane struck the World Trade Center. In impromptu response, the hotel is remembering this moment by assembling out in the driveway underneath the flags.

At 8:40 a.m. the procession of hotel employees lumber out. An army of maids, a clutch of restaurant employees, some clerks, and a porter leave their duties throughout the hotel and stream toward the front door. We walk in silence toward the roundabout, guided by the hotel manager who seems nervously uncertain of what to do, how to mark this day of grief, but knowing it must not go unremembered.

Two hundred people assembled at 8:43 a.m.; no chat. The weather today is identical to a year ago, bright blue sky, a sweet wind. Suddenly a great pillow of a hand takes mine—it is the porter, a massively built man no less so for his advanced years. “Good morning, Commander. I’m a Navy man too. Enlisted. Retired after 20 years.” I start to correct the misimpression, but I’m interrupted.

The anxious hotel manager runs up to me and with a face beyond worry asks, “Do you know the proper protocol for the flags?” It is 8:44 a.m. Huh? What’s this . . . he’s asking *me*, in a former life the long-haired college kid peace activist, why me? Oh yeah, the uniform—clothes make the man. I look up and see that on the three flagpoles of this roundabout, the U.S. flag is hanging at half-mast and the hotel flag and State flag are waving from the top. Clearly something is amiss but I am clueless as to how to fix it.

“I think this man here can help you,” I reply, turning to my new friend, the porter.

“Yes, you need to properly dip the Colors. We always did it on the ships. No flag can ever be higher than the U.S. flag.” Without any hint of condemnation he

added, “Need to raise the U.S. flag, then drop the hotel flag and the State flag, only then can Glory come down.”

Half order, half encouragement, I tell him, “Go help the manager out. Let’s get it done.”

They struggle with the knots. It’s 8:45 a.m. The U.S. flag goes up, the lesser flags descend, and Glory is brought to the mid-pole of sadness. All is quiet. It’s 8:46 a.m. Eyes well with tears and they roll down faces. Some words are said, and then translated into Spanish. But mostly, it’s a soul-permeating silence. We wait, peaceful in this quiet, remembering and being so still, so together, all Americans, this commonality transcending every trapping of race, language, or wealth. The shared sadness is far, far beyond words.

The moment observed, we return to the day naturally. The army of maids marches back, in formation. The harried manager thanks everyone. I return to thank my friend, the porter, still standing guard at his flagpole station.

“Thank you, Sailor.”

He takes my hand again; I fall in that warm pillow. “No, thank you, Commander.”

“Carry on!”

These short 6 minutes were full of important lessons for me as a Public Health Service Commissioned Corps officer. First, it is important to remember we are seen as natural comrades to the other uniformed services; my later explanation of the distinction between the Public Health Service and the U.S. Navy in no way lessened the affinitive feelings between the porter and me. Second, our uniform and the flag itself are cut of the same transcendent cloth—the hotel manager came to me because of my supposed expertise in such matters—and I will do well to better learn how to show proper respect for both. Finally, regardless of the exact nature of our PHS posting, we will be called upon to lead in matters of national grieving and national joy—we must recognize that as commissioned officers they are as much a part of our duties as treating patients or drafting policy.

Recent Calls to Active Duty

Title/Name Agency/OPDIV/Program

MEDICAL

LT An T. Duong	HRSA
Panama City FL	
LT Shamiram R. Feinglass	CMS
Baltimore MD	
LT Milton Irizarry	HRSA
Maynardville TN	

DENTAL

LT Nathan L. Brenner	IHS
Rapid City SD	
LT Denise M. French	IHS
Parker AZ	

NURSE

LCDR Tonjus M. Mason	BOP
Atlanta GA	
LT Gettie Audain-Norwood	NIH
Bethesda, MD	
LT Jonathan F. Smith	IHS
Anchorage AK	
LTJG Danner R. Chambless	IHS
Tuba City AZ	

ENGINEER

LTJG Jeffrey S. Allen	IHS
Sacramento CA	
LTJG Kimberly L. Pruszko	FDA
San Jose CA	

SCIENTIST

LCDR Richard P. Gussio	NIH
Frederick MD	

ENVIRONMENTAL HEALTH

LCDR Kevin P. Sheehan	CG
St Louis MO	

DIETETICS

LT John E. Urban	FDA
San Diego CA	

HEALTH SERVICES

LCDR Imelda Davalos	HRSA
Los Angeles, CA	
LCDR Michelle L. Markley	NIH
Bethesda MD	
LT Keith F. Harris	HRSA
Florence AZ	
LT Thomas S. Hochberg	HRSA
Washington DC	
LT Christopher L. McGee	BOP
Fort Worth TX	
LT Tia M. Robinson	OS
Washington DC	
LT Linda Thai	FDA
San Diego CA	
LTJG John R. Annessa	BOP
Brooklyn NY	
LTJG Tomas A. Bonome	NIH
Rockville MD	
LTJG Gilian H. Engelson	HRSA
Rockville MD	

Division of Commissioned Personnel Expands Recruitment Efforts

The Division of Commissioned Personnel's Recruitment and Assignment Branch (RAB) hit the road this fall to interest potential applicants in a career in the Public Health Service (PHS) Commissioned Corps. Since August, RAB has exhibited at seven professional recruitment conferences, talking with students and young healthcare professionals from San Diego to Puerto Rico.

"One-on-one contact with a commissioned officer has proven to be the most effective way to recruit new applicants into the Corps," explained CAPT Terry Golden, RAB Chief. "When students and young professionals hear about the opportunities and benefits of joining the Corps from someone who has already chosen that career path, there is tremendous credibility and opportunity to really build enthusiasm for a PHS career."

The results are proving CAPT Golden's theory. Recruiters LCDR Edwin Vazquez and LCDR Claire Karlson collected 58 resumes through the 2002 Polytechnic University of Puerto Rico Job Fair in October. "These young professionals are the type of officers we are looking for," stated



LCDR Claire Karlson and LCDR Edwin Vazquez staffed the PHS Commissioned Corps booth at the 2002 Polytechnic University of Puerto Rico Job Fair

LCDR Vazquez. "They are well-educated, quality individuals who are willing to relocate to wherever they are needed." Over 150 students also expressed interest in the Corps' extern programs—the Junior Commissioned Officer Student Training and Extern Program (COSTEP) and the Senior COSTEP.

In addition to exhibiting at the job fair, LCDR Vazquez and LCDR Karlson met with two classes of nursing students, the

Director of the Nursing Program, and the Associate Dean for the university's School of Engineering. As a result of these efforts, RAB has been asked to present in April at the university's professional day.

RAB has also participated in professional conferences, such as the American Academy of Family Physicians annual meeting, and Government job fairs across the country. A recent Government job fair in Cincinnati attracted more than 1,000 potential applicants. "People are interested in stability, security, and opportunities for advancement," said CAPT Golden. "Our applicants, though, are also looking to make a difference in individual lives and in the overall health of our Nation."

"The interest and enthusiasm expressed at each of these events is very encouraging," concluded CAPT Golden. "Now our responsibility is to move them from applicants to active-duty officers working in positions they find both challenging and rewarding." □

APAOC Call for Nominations for the Annual Samuel Lin Award and Annual Junior Officer Award

The Asian Pacific American Officers Committee (APAOC) is pleased to announce the call for nominations for the Samuel Lin Award (for officers O-5 and above), and the Junior Officer Award (for officers O-4 and below). These awards have been developed to promote the future leadership of Asian Pacific Americans in the Public Health Service by honoring members of the commissioned corps or equivalent civil service professionals who have made significant contributions to the advancement of the Nation's health.

Nominations must include the following:

- (1) Nomination cover sheet that includes:
 - Name and Rank
 - Position Title
 - Work Address
 - Work Phone

- Proposed Citation
- Nominated by:
 - Work phone
 - Relationship to Nominee
- (2) Narrative, not to exceed two pages (font size 10 or 12), that describes the following:
 - The nominee's contribution to the advancement of the Nation's public health. Nomination should address the impact of the work and the role of the nominee;
 - The leadership of the nominee in the work being cited (e.g., providing vision or direction; developing an innovative approach; initiating significant activities; pursuing ongoing professional development; mentoring; etc.); and
 - Involvement of the nominee in health-related professional or community organizations or activities.

- (3) Current curriculum vitae.

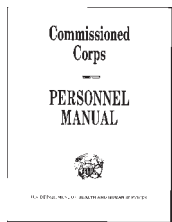
Nominations may come from a supervisor, professional colleague, or anyone who through a professional working relationship can attest to the impact of the nominee's contribution to the advancement of public health. Self-nominations will not be accepted. Nominations will be accepted through **January 30, 2003**. No exceptions will be made. The awards will be presented in June in Scottsdale, AZ, at the 2003 Public Health Professional Conference which is sponsored by the Commissioned Officers Association.

Please send eight copies of the above items to:

CDR Sarath Seneviratne
FDA/CBER/Room 1C-06
1401 Rockville Pike (HRM-114)
Rockville, MD 20892-1448

Phone: 301-827-1869
Fax: 301-402-4732
E-mail: seneviratne@cber.fda.gov □

Commissioned Corps Personnel Manual INSTRUCTIONS



The following INSTRUCTION has been distributed and can be accessed on the Division of Commissioned Personnel's Web site—

<http://dcp.psc.gov>—

click on 'Publications' and then click on 'Commissioned Corps Personnel Manual.'

Transmittal Sheet 662 dated August 2, 2002

INSTRUCTION 1 of Subchapter CC26.1, "Standards of Conduct." This INSTRUCTION provides guidance to the Department's regulations on standards of conduct for Public Health Service (PHS) Commissioned Corps officers, and informs officers that they are subject to supplementary regulations or requirements issued by the PHS and/or non-PHS component to which they are assigned and/or detailed as well as other government-wide regulations.

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:

Title/Name *Date*

MEDICAL

CAPTAIN

L. F. Dietlein, Jr.	08/08/02
Robert L. Griffith	09/16/02
Willie G. Simpson	08/11/02

NURSE

CAPTAIN

Elsie T. Berdan	09/21/02
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ENGINEER

CAPTAIN

Keith S. Krause	09/12/02
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SCIENTIST

CAPTAIN

Nelms B. Boone	09/07/02
Simon Kinsman	08/26/02

IMPORTANT REMINDER!

Active-Duty Officers— Update Contact Information on the DCP Web Site

All active-duty officers are directed to update their contact information via the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>. Select the 'Secure Area' option from the menu and then select 'Officer and Liaison Activities.' Follow the link to 'Update Contact Information.' This information is frequently utilized by DCP to contact officers in certain circumstances.

License Expiration/Notification of Promotion Eligibility

Of particular interest is **accurate e-mail addresses**. As DCP is increasingly utilizing this technology to disseminate critical information regarding officers' careers, it is important that officers update their e-mail addresses as soon as any changes occur. Examples of uses of officers' e-mail addresses include **reminders of upcoming license expiration and notification of promotion eligibility**.

Retirements – October

Title/Name *Agency/OPDIV/Program*

DENTAL

CAPTAIN

Jan R. Goldsmith	HRSA
Gary J. Kaplowitz	CG
Reginald Louie	HRSA

NURSE

CAPTAIN

Werner H. Beckerhoff, Jr.	IHS
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ENGINEER

CAPTAIN

Curtis F. Fehn	EPA
Robert G. McDonald	NIH
Raymond Seid	EPA

ENVIRONMENTAL HEALTH

CAPTAIN

Patrick O. Bohan	CDC
Reva J. Melton	FDA

PHARMACY

CAPTAIN

Robert B. Oshida	IHS
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DIETETICS

CAPTAIN

Carol I. Johnson	IHS
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HEALTH SERVICES

CAPTAIN

Paul W. Holland	IHS
William G. Jones	CDC
James A. Pickard	IHS
Paul F. Schulze	NIH

2003 Summer JRCOSTEP and 2003-2004 SRCOSTEP

Applications for the 2003 Summer Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) and the 2003-2004 Senior Commissioned Officer Student Training and Extern Program (SRCOSTEP) are accepted by the Division of Commissioned Personnel (DCP) throughout the year, since Agencies/Operating Divisions/Programs select applicants on a continuous basis. Even though there are no deadlines for DCP receiving applications, those applicants whose applications are received by Friday, December 27, 2002, will be ensured timely processing.

To Obtain an Application

For online applications, please access the Public Health Service Commissioned Corps Web site—<http://www.usphs.gov>. To request an application by phone, call 1-800-279-1605.

For Further Information

Phone: 301-594-3453 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number-43453).

E-mail: arandall@psc.gov



Commissioned Officer Training Academy

The Division of Commissioned Personnel's (DCP) Commissioned Officer Training Academy (COTA) staff conduct different programs in various locations. Upcoming programs and locations are listed below as well as on DCP's Web site—<http://dcp.psc.gov>—select "Training."

5-DAY BASIC OFFICER TRAINING COURSE (BOTC) (Registration required; size of class limited.)

Dates: December 16-20, 2002
 Time: 8:30 a.m. to 5 p.m.
 Where: Maryland Conference Room
 Parklawn Building
 3rd Floor
 5600 Fishers Lane
 Rockville MD 20857-0001
 Contact: CDR Meta Timmons
 E-mail: mtimmons@psc.gov

3-DAY BASIC OFFICER TRAINING COURSE (BOTC) (Registration required; size of class limited.)

Dates: January 21-23, 2003
 Time: 8:30 a.m. to 5 p.m.
 Where: Anchorage, AK
 Contact: Ms. Lisa Justice
 E-mail: ljustice@anmc.org
 Phone: 907-729-1307

Dates: February 4-6, 2003
 Time: 8:30 a.m. to 5 p.m.
 Where: Albuquerque, NM
 Contact: Ms. Alvina Waseta
 E-mail: awaseta@abq.ihs.gov
 Phone: 505-248-4513

Dates: April 30-May 2, 2003
 Time: 8:30 a.m. to 5 p.m.
 Where: Farmington, NM
 Contact: CAPT Lee Shackelford
 E-mail: lee.shackelford@shiprock.ihs.gov
 Phone: 505-368-6455

BASIC ORIENTATION (1-day program. Registration required; size of class limited.)

Dates: January 24, 2003
 Time: 8:30 a.m. to 5 p.m.

Where: Anchorage, AK
 Contact: Ms. Lisa Justice
 E-mail: ljustice@anmc.org
 Phone: 907-729-1307

COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM (COSTEP) ORIENTATION (COSO)

(1-day program. Registration required.)

Dates: May 22, 2003 and June 26, 2003
 Time: 8:30 a.m. to 4 p.m.
 Where: Maryland Conference Room
 Parklawn Building
 3rd Floor
 5600 Fishers Lane
 Rockville MD 20857-0001
 Contact: CDR Cheryl Wiseman
 E-mail: cwiseman@psc.gov

PROGRAM DESCRIPTIONS

5-DAY BASIC OFFICER TRAINING COURSE (BOTC)

Audience: The 'newly commissioned' officer called to duty on or after January 1, 2001.

Activities: Classroom presentations, visit to the Navy Exchange uniform shop, uniform inspections, visitations from leadership (program representatives, Office of the Surgeon General, DCP, Chief Professional Officers, Public Health Service Color Guard/Aide-de-Camp/Ensemble, Commissioned Corps Readiness Force, etc.), ID Card generation, visit DCP branches for solution of personal/family issues, and final day Closing Ceremony.

Materials: Handouts, BOTC binder, book titled "Plagues and Politics," Oath Coin, and an individual password to the examination series of the Independent Officer Training Course (IOTC).

Goal: To facilitate the transition from civilian to officer, develop awareness of membership in a uniformed service, identify resources, the Corps personnel system, customs and courtesies, etc.

Questions: CDR Meta Timmons, mtimmons@psc.gov

3-DAY BASIC OFFICER TRAINING COURSE (BOTC)

Audience: The 'experienced' officer serving on extended active duty called to duty on or prior to December 31, 2000, is the most common attendee, but all officers may attend this BOTC including Senior Commissioned Officer Student Training and Extern Program participants, Inactive Reserve Corps officers, and 'newly commissioned' officers.

Materials: Handouts, BOTC binder, book titled "Plagues and Politics," Oath Coin, and an individual password to the examination series of the Independent Officer Training Course (IOTC).

Goal: To develop awareness of membership in a uniformed service, identify resources, the Corps personnel system, customs and courtesies, etc.

Questions: CDR Dana Taylor, dtaylor@psc.gov

INDEPENDENT OFFICER TRAINING COURSE (IOTC)

The IOTC is an independent study course composed of resources and examinations. The 'resources' may be utilized by all through the DCP Web site. The 'examinations' are accessed at a different Web site using the officer's individual password provided to officers who have completed the BOTC. Officers enrolled in the IOTC will work at their own pace. The course will not only serve to reinforce and expand information covered during the BOTC, but also serve to introduce other topics useful to commissioned officers. Upon the successful completion of both the BOTC and IOTC, officers will be awarded the PHS Commissioned Corps Training Ribbon.

Questions: CDR Dana Taylor, dtaylor@psc.gov

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Commissioned Officer Training Academy

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BASIC ORIENTATION

Duration: 1 day

Audience: All employees involved with PHS commissioned officers (e.g., commissioned officers, civil service employees, tribal workers, full or part time employees)

Materials: Handouts/Binder

Goal: To provide a basic understanding of the commissioned corps personnel system.

Questions: CDR Cheryl Wiseman, cwiseman@psc.gov

COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM (COSTEP) ORIENTATION (COSO)

Duration: 1 day

Audience: Junior COSTEP participants

Goal: To provide an exposure to the commissioned corps and the 'big picture' of the Public Health Service.

Questions: CDR Cheryl Wiseman, cwiseman@psc.gov

Did You Know . . .

As of mid October 2002—

- 1,057 officers have completed the BOTC;
- 467 PHS Commissioned Corps Training Ribbons were awarded;
- 357 officers are currently taking exams in the IOTC; and
- 38 BOTCs have been completed.



Reminder

Help prevent workplace violence. It is everyone's responsibility to insure a safe workplace. Report potential or actual dangerous incidents to your supervisor; security, employee assistance, or Human Resources officials.



Commissioned Corps Readiness Force

It's Raining Training

The Commissioned Corps Readiness Force (CCRF) plans to increase its training for the upcoming year. Course offerings under consideration include: (1) Combined Mass Vaccination and National Pharmaceutical Stockpile Course; (2) Radiological Hazards and Health Effects Training; (3) Forensic Pathology and Odontology; (4) CCRF Basics Course; and, of course, (5) Basic Life Support for Healthcare Providers (CCRF membership is a requirement). Some of these courses may be offered more than once and at different locations. Please check the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>.

Signing Ceremony

On September 30, 2002, Secretary Tommy G. Thompson, Ms. Pam Hagan and Ms. Linda Stierle of the American Nurses Association (ANA), and Mr. Jerome Hauer, Acting Assistant Secretary for Public Health Emergency Preparedness, signed a Memorandum of Understanding (MOU) with the ANA designating National Nurse Response Teams (NNRTs) as part of the National Disaster Medical System (NDMS).

The MOU designates NNRTs as an operational component of the NDMS—a nationwide network of volunteers primed for rapid deployment in a disaster or emergency situation. The agreement calls for 10 nursing teams to be established in each of the Department's regional locations—Boston, New York, Philadelphia, Atlanta, Chicago, Dallas, Kansas City, Denver, San Francisco, and Seattle.

Each of the teams will be led by commissioned officers as the designated Team Leader and Administrative Officer. Even though the teams will be composed of private sector nurses, disaster-experienced Public Health Service (PHS) Commissioned Corps nurses will provide the leadership for the teams, again leading the way for their profession.

Even before this agreement was signed, more than 900 nurses nationwide volunteered for these new teams, which are tasked with providing patient education, assessing patients, distributing medications, administering immunizations, and other activities related to chemo-prophylaxis or mass immunizations of hundreds of thousands or millions of Americans.

RADM Mary Pat Couig, Nurse Chief Professional Officer, as well as CDR Angela Martinelli and CDR Roberta Lavin were instrumental in bringing this program to fruition. For more information, please see—<http://www.nursingworld.org/news/disaster/response.htm> (or) <http://phs-nurse.org/What'sNew.htm>.

Tropical Storms Isidore and Lili

Commissioned corps members and civilian Regional Emergency Coordinators were deployed in a variety of venues in advance and after landfall of Tropical Storms Isidore and Lili. Additionally, other CCRF officers were deployed or remained 'on call' in support of the FEMA-EST (Federal Emergency Management Agency - Emergency Support Team) and the Department of Health and Human Services MST (Management Support Team).

International Monetary Fund

The Office of Emergency Response deployed an MST to downtown Washington, D.C., along with 32 members of PHS-1 DMAT, as staged assets in answer to a request from the Washington, D.C. Emergency Medical Services. The city expected between 10,000 and 20,000 demonstrators for the September meeting of the International Monetary Fund (IMF) and World Bank. Since past experiences with IMF demonstrators have sometimes been unpleasant, pre-event security analysis indicated a need for health and medical resources to be available. The PHS-1 DMAT's mission was to provide medical care at two casualty collection points in the city. Thankfully, law enforcement had the situation well in hand.

Field Medical Readiness Badge (FMRB)

When submitting materials for the FMRB be sure to include a cover letter with your name, PHS serial number, social security number, and a copy of your registration/license/certification, if it is required for your category. The list below might assist you as you compile your materials.

- Copy of AHA BLS Healthcare Provider card (front and back) or ARC Course (CPR/AED for the Professional Rescuer.

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Commissioned Corps Readiness Force

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- Verification of height and weight and successful completion of the Annual Physical Fitness Test.
- Verification of 112 hours of professional competency.
- Additional training for deployment role, if required for your category.
- Verification of vaccinations (by healthcare provider): PPD (annual); Hepatitis A (2 doses); Hepatitis B (3 doses) + confirmed antibody titer; Influenza (annually); MMR (2 doses); Polio (IPV/OPV) plus adult Booster; Td (within 10 yrs); and Varicella documentation (Vaccine, titer, history).
- In addition, you must: (1) complete the CCRF modules for your category (see <http://centrelearn.umbc.edu>); (2) login to the CCRF Web site within 3 months; and (3) have a physical examination (that is less than 5 years old) on file with the Medical Affairs Branch, Division of Commissioned Personnel.

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Call for Nominations for Pharmacist Awards

The Awards Committee of the Public Health Service (PHS) Pharmacy Professional Advisory Committee (PharmPAC) announces the call for nominations for the annual pharmacist awards. There are four annual awards:

The Allen J. Brands Clinical Pharmacist of the Year Award recognizes the achievements of pharmacists in the PHS that provide traditional pharmaceutical services, with primary emphasis on activities accomplished within the past 18 months.

The Pharmacist of the Year Award (Non-Clinical) recognizes the achievements of pharmacists in the PHS in non-traditional or administrative roles, with primary emphasis on activities accomplished within the past 18 months.

The George F. Archambault PHS Career Achievement Award in Pharmacy recognizes senior civil service (GS-11 and above) or commissioned corps (O-5 and above) pharmacists serving under the authority of the PHS, with at least 15 years of PHS service, for outstanding achievements and/or contributions to the pharmacy profession in the PHS.

The USPHS Award for Managerial Excellence in Improving Pharmacy Service or Public Health is sponsored annually by the George F. Archambault Foundation, through the generous financial support of the Bayer Corporation, to recognize a PHS pharmacist who has improved pharmacy service or public health through managerial excellence.

Details of the awards and nomination packets can be found on the PharmPAC Web site—<http://www.hhs.gov/pharmacy/pac.html>.

Please take time to nominate deserving pharmacists for these awards. The deadline for nomination submission is **December 31, 2002**.

For additional information or assistance, please contact:

LTJG Kristen Maves
Chair, PharmPAC Awards Committee
Alaska Native Medical Center
4320 Diplomacy Drive, Suite 1710
Anchorage, AK 99508

Phone: 907-729-2159
Email: klmaves@anmc.org

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HHS Energy and Water Management Awards Program

The Department of Health and Human Services (HHS) has announced the sixth annual HHS Energy and Water Management Awards program. These awards recognize the outstanding efforts of individuals and groups of employees in the conservation and efficient use of energy and water, renewable energy sources, and energy savings performance contracting.

Nominations for the 2002 awards are due by **November 29, 2002**. Instructions and nomination forms have been distributed to the Heads of HHS Operating Divisions. For additional information or assistance, please contact Mr. Scott Waldman at 202-619-0719.

2001 HHS Energy and Water Management Award Winners Included Corps Officers

In 2001, two of the three awardees in the Individual/Energy Efficiency/Energy Management category were Public Health Service Commissioned Corps officers—CDR Dale M. Mossefin and CDR Adam Scully.

CDR Dale M. Mossefin manages the Indian Health Service (IHS) Portland

Area Office Energy Conservation Management Program. His efforts exceeded the Federally mandated 25 percent energy reduction by 2010. In Fiscal Year 2001, CDR Mossefin implemented the following conservation projects: (1) a 'hands-on' 3-day energy efficiency training seminar in conjunction with the Washington State University; (2) an extensive direct digital control project for two IHS health care facilities; (3) a major Heating, Ventilating, and Air Conditioning (HVAC) equipment renovation to an IHS facility; (4) a large health clinic expansion that incorporated energy and water efficiency technologies; and (5) an HVAC comprehensive audit to another IHS site to investigate alternative designs and improvements. CDR Mossefin's motto "each dollar saved in energy is another dollar available for IHS health care services," exemplifies his commitment to energy and water efficiency.

CDR Adam Scully, the Indian Health Service (IHS) Energy Coordinator, has tremendously simplified the energy reporting process for IHS energy personnel

by developing a state-of-the-art client-server application. All of the required reports, including the Annual Energy Consumption Data, the Status of the Comprehensive Energy Surveys, and the Narrative and Implementation Reports, can be entered and submitted using an easy, point-and-click Windows interface that is a component of the IHS Real Property Database. Energy coordinators, staff engineers, and project officers from all over the Nation are finding that this simplified application saves them considerable time and effort. In total, more than 15 personnel have access to update this information and another 150 personnel are just one click away from viewing reports.

In addition to the HHS award, CDR Scully was recently awarded a 2002 Certificate of Recognition from the Department of Energy. He was selected from competition among all Federal agencies as part of the Federal Energy and Water Management Awards.

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Temporary Duty—3 Weeks in Juneau, Alaska

(Continued from page 11)

is a nonprofit health corporation serving the Tlingit, Haida, and Tsimpshian people of Southeast Alaska. The tribal council consists of 19 native communities in the region and was established in 1975. The Juneau facility consists of an accredited medical center with eight family physicians, one nurse practitioner, two physician assistants, pharmacy, laboratory, and x-ray. In addition, dental, mental health, social, and health promotion services are provided. Specialists in rheumatology, urology, neurology, pediatrics, liver disease, cardiology, ENT (Ear, Nose and Throat), and obstetrics/gynecology travel to the facility to provide clinic services.

During my 3 weeks of TDY, I consulted with clinic physicians, nurse practitioners, and physician assistants regarding drug usage and drug information. I reviewed patients' charts for appropriate drug therapy as well as performed disease state management for clinic patients, filled and dispensed prescriptions, and counseled patients on their prescriptions. As part of an ongoing pharmacy student program at the clinic, I helped the staff pharmacist, LCDR David Moeny, with mentoring and training a Doctor of Pharmacy intern regarding drug utilization review of patients' charts, drug therapy, and patient counseling.

During the workweek, I had my evenings off, and my weekends were free because the clinic's pharmacy was closed. Juneau provides a great deal of interesting things to see if one is willing to get

out. Juneau is located in Alaska's panhandle, known as 'Southeast', on a channel of salt water 70 air miles from the open ocean. It is the third largest city in Alaska (30,000 people) and is the State capital of Alaska. Government (State and Federal) is the major employer in Juneau, and tourism, fishing, and logging are also significant contributors to the local economy. Juneau has a Tlingit history influenced by the prospectors and pioneers of the early mining days after the discovery of gold in 1880. Travel to and from Juneau is exclusively by sea or air, and Juneau is served by a municipally-owned airport and a State-run ferry system.

The weather in the Juneau area is characterized as 'maritime.' Although variable, the usual winter weather is 18 to 34 degrees with rain alternating with snow at sea level and snow in the mountains. Springtime average temperatures are between 26 and 55 degrees and spring is generally Juneau's least rainy season. Summers are mild with average temperatures between 45 and 64 degrees, but the extreme can range from 40 and stormy, to 80 and dry, which is not uncommon. Fall is Juneau's rainiest season with average temperatures between 28 and 56 degrees. Because Juneau is surrounded by a temperate rain forest, it is not uncommon to get an average of 250 days of rain and mist each year. Vast areas of recreational wilderness surround Juneau, and the Tongass, a national temperate rain forest, is the largest expanse of temperate rain forest in the world.

During my 3 weeks of TDY, I made friends easily and spent my time driving to the Mendenhall glacier, hiking to the Herbert glacier, visiting local museums and the State capital, taking a helicopter ride to the top of a glacier, and even taking a day-long boat tour one weekend to see some outstanding fjords and glaciers. On the return trip to Juneau, we even managed to see up close several humpback whales. Juneau is a unique place. Because it has a temperate rain forest, the foliage that grows in the forest is both beautiful and stunning and the constant rain provides for tremendous scenic waterfalls and streams that are ever visible gushing down the steep-sloped mountainsides.

One of the old sayings is "the adventure is what you make of it." I didn't sit around when I got back from work each day. I often grabbed my digital video movie camera and still camera and ventured out, either by myself or with friends. I found myself in a place I thought I never would see until I was retired, but the Public Health Service (PHS) Commissioned Corps provided the opportunity to see it now! The Corps offers many opportunities for officers to take advantage of during their careers. I would encourage officers in all categories to look into TDY assignments offered by the various Agencies. These assignments are a great way to further your PHS career, and a means by which you can see some places you never would have considered before.

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