

US PUBLIC HEALTH SERVICE – ENVIRONMENTAL HEALTH OFFICER

Awards Overview

Protecting, Promoting and Advancing the Health and Safety of Our Nation



Version 1.0
2018 EHOPAC

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U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

DECORATIONS & INSIGNIAS



Distinguished Service Medal



Meritorious Service Medal



Surgeon General's Medallion



Surgeon General's Exemplary Service Medal



Outstanding Service Medal



Commendation Medal



Achievement Medal



PHS Citation Medal



Global Health Campaign Medal



Hazardous Duty Award Medal



Foreign Duty Award Medal



Special Assignment Award Medal



Isolated/Hardship Award Medal



Crisis Response Service Award Medal



Global Response Service Award Medal



Response Service Award Medal



National Emergency Preparedness Medal



Recruitment Service Medal



Global Health Initiative Service Medal



Bicentennial Unit Commendation Medal



Distinguished Service Medal



Meritorious Service Medal



Surgeon General's Medallion



Surgeon General's Exemplary Service Medal



Outstanding Service Medal



Commendation Medal



Achievement Medal



PHS Citation Medal



Outstanding Unit Citation



Unit Commendation



Smallpox Eradication Campaign Ribbon



Global Health Campaign Medal



Hazardous Duty Award



Foreign Duty Award



Special Assignment Award



Isolated Hardship Award



Crisis Response Service Award



Global Response Service Award



Response Service Award



National Emergency Preparedness Award



Recruitment Service Ribbon



Global Health Initiative Service Medal



Bicentennial Unit Commendation



Regular Corps Ribbon



Commissioned Corps Training Ribbon



Recruiter Badge



Associate Recruiter Badge



Surgeon General's Insignia



Deputy Surgeon General's Insignia



Officer in Charge Insignia



Chief Professional Officer Insignia



Office of the Secretary of HHS Identification Badge



Gold Star (5/16)
in lieu of a second or subsequent individual honor awards



Silver Star (5/16)
in lieu of 5 gold stars



Bronze Star (3/16)
in lieu of a second or subsequent unit or service awards



Silver Star (3/16)
in lieu of 5 bronze stars



"V" valor device
For wear only on the DSM, MSM, and OSM to recognize acts of courage and bravery



Field Medical Readiness Badge

OVERVIEW OF AWARDS

The purpose of the U.S. Public Health Service Environmental Health Officer Awards Overview packet is to provide our Officers with a beneficial “go-to” document for awards information. The EHOPAC Awards and Recognition Subcommittee takes great pride in recognizing those Officers who excel in various aspects of their work-life. This packet was designed to assist Officers by explaining the importance of awards and offering tips, suggestions, formatting, examples of previously well-written awards, as well as additional resources.

Types of Recognition & Awards Criteria:

- Individual Honor Awards
- Surgeon General Awards
- Unit Honor Awards
- Campaign Medals
- Service Awards
- Other Ribbons
- Badges & Insignia
- Ribbon Attachments

INDIVIDUAL HONOR AWARDS

(For more information, please reference [CCI511.01, Section 6-1](#))

Distinguished Service Medal (DSM)



This is the highest award granted to a Corps officer. This award is presented in recognition of an exceedingly high level of achievement by an officer who possesses a genuine sense of public service and who has made exceptional contributions to the mission of the Corps. Such achievement may range from the management of a major health program, to an initiative resulting in a major impact on the health of the Nation. The award can also be conferred for an act of heroism resulting in the saving of life or protection of health.

Meritorious Service Medal (MSM)



This award is the second highest recognition granted to Corps officers for outstanding or meritorious levels of achievement. This award is presented in recognition of:

- meritorious service of a single, particularly important achievement
- a career notable for significant accomplishments in technical or professional fields; or
- unusually high quality and initiative in leadership.

The levels of accomplishment meriting this award may include a highly significant achievement in research, program direction, or program administration; a series of significant contributions; a continuing period of meritorious service; or an exhibition of great courage and heroics in an emergency.

Outstanding Service Medal (OSM)



The OSM is granted to an officer who has demonstrated continuous outstanding leadership in carrying out the mission of the Corps, performed a single accomplishment that has had a major effect on the health of the Nation, or has performed a heroic act resulting in the preservation of life or health.

Note: The DSM, MSM, and OSM may also be awarded “With Valor,” with a bronze “V” for recognizing acts of courage and bravery. The designation “With Valor” is not to be used to recognize hazardous assignments or exposure to dangerous and life-threatening environments. The officer must exhibit a positive and particular act, or actions, of bravery and courage, and/or heroism, in particular those resulting in the saving or preserving of the life or health of others. The degrees of risk to personal safety, the level of bravery, and the demonstration of courage, are determining factors that must be clearly displayed.

Commendation Medal (CM)



The CM is granted to an officer who has exhibited a level of proficiency and dedication distinctly greater than that expected of an officer. The CM recognizes:

- sustained high quality achievements in scientific, managerial, or other professional fields
- application of unique skill or creative imagination to the approach or solution of problems; or
- noteworthy technical and professional contribution, significant to a limited area.

Achievement Medal (AM)



The AM is granted to an officer for superior efforts or outcomes in accomplishing a program’s mission. This could include recognition of the advancement of program objectives, sustained above-average accomplishment, or superior dedication to duty over a relatively short period of time.

PHS Citation (CIT)



The CIT is granted to an officer in recognition of a specific and noteworthy achievement, generally for a short period. This could include contributions toward accomplishing a program objective or high-quality achievement, but at a lesser level than is required for the AM.

SURGEON GENERAL'S AWARDS

For more information, please reference [CCI511.01, Section 1-3](#)

Surgeon General's Medallion (SGM)



The SGM is awarded at the sole discretion of the SG to a member of any uniformed service or a civilian for the highest level of contribution to initiatives of the SG. As the award is bestowed at the discretion of the SG, there is no nomination procedure. The OSG administers this award.

Surgeon General's Exemplary Service Medal (SGESM)



The SGESM is awarded at the sole discretion of the SG, for exemplary contributions of a member of any uniformed service to initiatives of the SG. As the award is bestowed at the discretion of the SG, there is no nomination procedure. The OSG administers this award.

UNIT HONOR AWARDS

(For more information, please reference [CCI511.01, Section 6-2](#))

Presidential Unit Citation (PUC)



The Presidential Unit Citation (PUC) is the highest unit award issued to a uniformed service. The U.S. Public Health Service Commissioned Corps PUC was established September 24, 2015 by Presidential Citation to recognize the Commissioned Corps for “extraordinary courage and the highest level of performance in action throughout the United States Government’s response to the Ebola outbreak.”

All Corps officers who served satisfactorily on active duty for any period between September 9, 2014 and May 1, 2015 qualify for the PUC.

Outstanding Unit Citation (OUC)



The OUC is granted to a group of officers who exhibit outstanding contributions toward achieving the goals and objectives of the Corps. To merit this award, the unit must have provided outstanding service, often of national significance.

Unit Commendation (UC)



The UC is granted to acknowledge significant contributions and achievements well above that normally expected in accomplishing the goals and objectives of the OPDIV/STAFFDIV or non-HHS organizations to which Corps officers are detailed. To merit this award, the unit’s accomplishment is at a lesser level than the OUC, often at the State or regional level of significance.

CAMPAIGN MEDALS

(For more information, please reference [CCI511.01, Section 6-4](#))

Campaign medals recognize a formal Corps operation that has a specific and stated objective. Campaigns are specific Departmental objectives aimed at eradicating specific health crisis or diseases and/or significantly improving the health and well-being of a targeted population.

The awarding of campaign medals for approved campaigns is approved by the SG or his/her designee.

Campaign medals are granted in recognition of an officer's substantial contribution to an approved campaign for a specific type of service or activity, or for service during a specific time period.

Smallpox Eradication Campaign Ribbon (SPEC)



An officer who has served 90 days or more cumulative service in the Centers for Disease Control and Prevention's (CDC) Bureau of Smallpox Eradication or Smallpox Laboratory, in the World Health Organization's (WHO) Smallpox Eradication Program, or in a temporary duty assignment in a smallpox effort abroad, qualifies for the SPEC. The service must have occurred between 1 January 1966 and 26 October 1977. *Obsolete, current awardees may continue to wear

Global Health Campaign Medal (GHCM)



Any Corps officer, who in a Global Health Initiative assignment, has served outside of the United States in a foreign duty assignment, temporary or permanent, qualifies for the GHCM.

- An officer may receive only one award of the GHCM for participation in the same Global Health initiative or mission.
- Officers eligible for the Global Health Campaign Medal are not eligible for the FDA or SAA after 26 January 2005.

Ebola Campaign Medal (ECM)



The ECM recognizes a Corps officer who served on or after 31 March 2014, for a period of not less than 30 consecutive days or 60 non-consecutive days in support of an international Ebola activation of the Corps by the President or Secretary. The SG shall determine which assignments qualify for the ECM. An officer may receive only one award of the ECM for participation in the same Ebola initiative or mission.

SERVICE AWARDS

Hazardous Duty Award (HDA)



An officer, who served in a position requiring frequent and significant risk to his/her safety, qualifies for this award. For full-time assignments, this incorporates a minimum of 180 consecutive days exposure to the risk factors.

The officer's supervisor must certify that the officer has met the designated criterion before forwarding the award nomination through appropriate channels for submission to DCCPR. An officer qualifies only once for a particular type of duty. Specific duty assignments that qualify for the HDA include the following:

- Frequent Light Aircraft Flights.
- Contact with inmates and/or detainees.
- Industrial Hygiene Surveys of Mine Sites.
- Officers who receive hazard duty pay or imminent danger pay qualify for the HDA.

Foreign Duty Award (FDA)



An officer who has served outside the United States at least 30 consecutive days or 90 non-consecutive days in foreign posts while on temporary or permanent assignment (other than while in training), qualifies for the FDA. Any period of 30 or more consecutive days is not included in the computation of the 90 non-consecutive days.

An officer assigned for 30 or more consecutive days only (not eligible for 90 non-consecutive das) that transits through international waters with stops in international ports, qualifies for the FDA.

Special Assignment Award (SAA)



An officer detailed via official personnel orders (as set forth in [CCI323.01](#), [CCI323.02](#) or [CCI323.03](#)), for a minimum of 30 consecutive days to a special program initiative of a Federal or State Agency, or to other organizations, qualifies for the SAA. An assignment effected via memorandum or other official mechanism as set forth in the above Instructions is eligible, unless the assignment is a routine function of the officer's position, or is specifically included in the officer's billet description.

Assignments of 30 or more non-consecutive days may be considered for the SAA. In addition to the criteria and restrictions stated in Section 6-3.d. the non-consecutive assignment must be in the same organizational entity, and must be a part of an ongoing activity with a clearly defined objective.

Assignments to special initiatives or activities of the Secretary, ASH, and/or SG qualify for this award.

Isolated/Hardship Award (ISOHAR)



An officer who has served a minimum of 180 consecutive days in an area designated as isolated, remote, insular, or constituting a hardship duty assignment, qualifies for the ISOHAR. [Appendix A lists currently qualifying sites.](#)

In addition to the locations listed in Appendix A, officers who are paid Hardship Duty Pay for the 180 days while OCONUS, are qualified for ISOHAR award.

Crisis Response Service Award (CRSA)



The CRSA recognizes an officer's direct participation in a Corps deployment to a designated domestic response. An officer must meet the force readiness standards to be eligible for the CRSA ([see CCI812.04](#)). An officer may receive only one award of the CRSA for participation in the same crisis response.

CRSA Guidelines:

- A natural or man-made disaster that is determined to be a crisis response with eligibility for the CRSA by the SG; and
- Away from the officer's regular duty assignment.
- Officer must be deployed for not less than 7 days.
- Officer must be deployed in the designated PHS uniform, unless exempted by the SG.

Global Response Service Award (GRSA)



The GRSA recognizes an officer's direct participation in a Corps deployment to a designated non-domestic or international response. An officer must meet the force readiness standards to be eligible for the GRSA. An officer may receive only one award of the GRSA for participation in the same response.

Officer must participate in a non-domestic Corps deployment that is:

- A natural or man-made disaster determined to be a crisis response with eligibility for the GRSA by the SG;
- Away from the officer's regular duty assignment
- Officer must be deployed for not less than seven days
- Eligibility for the GRSA is retroactive to 1 October 2004
- Officer must be deployed in the designated PHS uniform, unless exempted by the SG

Response Service Award (RSA)



The RSA recognizes an officer's direct participation in a Corps deployment to a designated public health need or National Special Security Event. An officer must meet the force readiness standards to be eligible for the RSA ([see CCI812.04](#)). An officer may receive only one award of the RSA for participation in the same response.

Officer must participate in a Corps deployment that is classified as one of the following:

- An all-hazards public health emergency as declared by the President or Secretary;
- An urgent public health need as determined by the Secretary or the ASH; or,
- A National Special Security Event (e.g., Winter Olympics).

To meet this service award criterion the event must:

- Not be designated as a CRSA or SRSA response; and
- Be designated a Corps Deployment with eligibility for the RSA by the Secretary, ASH, or SG;
- Officer must be deployed for not less than 7 days.
- Officer must be deployed in the designated PHS uniform, unless exempted by the SG.

National Emergency Preparedness Award (NEPA)



The NEPA recognizes officers who have served a minimum of two consecutive years as an active member on a Tier 1 or Tier 2 Corps managed response team. Additional eligibility criteria for the NEPA may be defined by the SG.

- The award of the NEPA may be retroactive to 19 December 2006.
- Only one NEPA may be awarded during an officer's career and subsequent award devices are not authorized. Therefore, officers who were awarded the NEPA under former eligibility criteria are not authorized an award of an additional NEPA for service on a Corps managed Tier 1 or Tier 2 response team.

Recruitment Service Ribbon (RSR)



The RSR recognizes an officer's continued service to the ongoing recruitment efforts of the Corps. An officer is eligible for the RSR upon completion of 3 consecutive years:

- In a position in which recruitment is a primary duty and responsibility. Duties may include policy development, establishment of goals and strategies, and coordination of recruitment programs and initiatives; or,
- Of maintaining a current status in the Associate Recruiter Program (ARP) as set forth in [CC23.1.6](#).

An officer may earn an additional award for meeting the criteria in Section 6-3.i(1) for an additional 3-year period.

The RSR will be awarded for recruitment service completed after 3 April 2006.

Global Health Initiatives Service Medal (GHISM)



Any officer who supported any Global Health Initiative Assignment, for at least 30 consecutive days or 60 non-consecutive days while on temporary or permanent assignment after 26 January 2005. Any period of 30 or more consecutive days is not included in the computation of the 60 non-consecutive days.

- Support is defined as deploying and/or providing direct administrative, logistical, financial or operational support to any Global Health Initiative or mission.
- An officer may receive only one award of the GHISM for participation in the same Global Health Initiative or mission.
- Officers eligible for the Global Health Campaign Medal are not eligible for the GHISM.

Bicentennial Unit Commendation (BUC)



- All Corps officers who served satisfactorily on active duty for any period between 1 January 1998 and 16 July 1999 qualify for the BUC. The BUC is no longer awarded. Current awardees may continue to wear the BUC.

OTHER RIBBONS

(For more information, please reference [CCI511.01, Section 6-5 and 6-6](#))

Regular Corps Ribbon



An officer who has been assimilated into the Regular Corps qualifies for the Regular Corps Ribbon and appointment certificate. For information on requirements and application procedures, see [CC23.3.7, "Regular Corps Assimilation Program."](#) (PDF, 83kb)

Commissioned Corps Training Ribbon (CCTR)



The CCTR is awarded to officers upon satisfactory completion of Commissioned Corps Officer Basic Course (OBC). Prior to March 2010, it was awarded to officers upon satisfactory completion of both the Basic Officer Training Course and the Independent Officer Training Course.

BADGES AND INSIGNIA

(For more information, please reference [CCI511.01, Section 6-7](#))

Surgeon General Insignia (SGI)



The SGI is a badge of office. Wearing of the SGI is restricted to the SG. An officer permanently assigned as the SG shall wear the SGI. Once an officer has been duly authorized to wear the SGI, he/she may wear the miniature SGI during all subsequent assignments of his/her career as a Corps officer.

Deputy Surgeon General Insignia (DSGI)



The DSGI is a badge of office. Wearing of the DSGI is restricted to the Deputy Surgeon General (DSG). An officer permanently assigned as the DSG shall wear the DSGI. Once an officer has been duly authorized to wear the DSGI, he/she may wear the miniature DSGI during all subsequent assignments of his/her career as a Corps officer.

Officer-In-Charge Insignia (OICI)



The OICI identifies a Corps officer who is assigned by personnel orders to the highest level of leadership within the Office of the Secretary; a specific position that is the highest level of authority over an HHS OPDIV; or a specific position in a non-HHS organization for which there is a statutory basis for the relationship, which is the highest level of authority over an organizational component which contains Corps officers.

Once an officer has been duly authorized to wear the OICI, he/she may wear the miniature OICI during all subsequent assignments of his/her career as an officer. No more than one OICI shall be worn on the uniform, regardless of the number of times an officer may have qualified for the insignia.

Chief Professional Officer Insignia (CPOI)



The CPOI is a badge of office. Wearing of the CPOI is restricted to officers who are assigned by personnel orders to be the Chief Professional Officer (CPO) of one of the eleven professional categories. (i.e., Medical, Dental, Nurse, Engineer, Scientist, Environmental Health, Veterinary, Pharmacy, Dietitian, Therapy, and Health Services). An officer who is assigned as an Acting CPO is not authorized to wear the CPOI. Once an officer has been duly authorized to wear the CPOI, he/she may wear the miniature CPOI during all subsequent assignments of his/her career as a Corps officer. Officers on active duty as of the date of this Instruction who previously were assigned as a CPO are authorized to wear the miniature CPOI.

Office of the Secretary of HHS Identification Badge (OSIB)



Officers assigned on a permanent basis to a billet located within any of the organizational components of the OS, HHS, including STAFFDIVs, qualify to wear the OSIB. Authorization to wear this badge is effective with assignments beginning on 22 June 1999 and is not retroactive to any assignment to any element of OS prior to this date.

- An officer may temporarily wear the badge upon initial assignment to a billing within the OS.
- Upon completion of one continuous year of duty in a billet within the OS, an officer may permanently wear the badge. Time spent on a detail or temporary duty outside the OS does not count in this computation.

Field Medical Readiness Badge (FMRB)



The FMRB recognizes officers who have met criteria beyond the required basic force readiness standards. It is awarded on the basis of proven knowledge and skill related to force readiness and performance while engaged in Corps deployment(s). To qualify for the FMRB, an officer must meet the force readiness standards [\(see CCI812.04\)](#) in addition to the following eligibility criteria:

- Physical Readiness Requirement. Must achieve a minimum overall Excellent rating on the Annual Fitness Test (APFT).
- Training Requirement. Complete the compulsory modules online training for FMRB as defined by the SG. These may include required modules from the 'core', 'clinical' (if applicable), and 'optional' curricula of the online Readiness and Deployment Operations Group (RedDOG) modules. The CCMIS RedDOG page contains the details of the FMRB training requirements.
- Deployment Requirement. Participate in one or more Corps deployments consisting of a minimum of 7 days within 3 years of FMRB application; the 7 days do not have to be consecutive. Agency deployments will only be considered when the Corps has been officially activated for the same response, per SG authorization in 3-1.b.
- Once an officer has been duly authorized to wear the FMRB, he/she may continue to wear the FMRB throughout his/her career as an officer.

RIBBON ATTACHMENTS

Gold Star (5/16")



Gold stars are authorized to be worn in lieu of a second or subsequent award of any of the individual honor awards.

Silver Star (5/16")



Silver stars are authorized in lieu of five gold stars.

Bronze Star (3/16")



Bronze stars are authorized in lieu of a second or subsequent award of any campaign, unit or service awards.

Silver Star (3/16")



Silver stars are authorized in lieu of five bronze stars.

Bronze Letter 'V'



The bronze letter 'V' may be worn on DSM, MSM, or OSM, if the citation specifically authorizes the 'V' for valor (heroism).

Expeditionary Attachment (EA)



The EA is an attachment worn on campaign medals or service awards that recognizes service in a specific location or theater of operation in direct support of the campaign initiative or mission and in which officers operated under circumstances which, after full consideration, shall be deemed to merit special recognition. The SG shall determine which assignments qualify for the EA.

WRITING HONOR AWARDS

Importance of Awards

- Recognition of your work
- Awards are tied to the promotion process
 - Category Benchmarks
 - There is no specific order in which an Officer must receive awards
 - Awards are worth the time and effort

Nomination Requirements

- PHS 6342-1 (Rev. 05/16) for Unit Awards: https://dcp.psc.gov/ccmis/PDF_docs/PHS-6342-1.pdf
- PHS 6342-2 (Rev. 05/16) for Individual Awards: https://dcp.psc.gov/ccmis/PDF_docs/PHS-6342-2.pdf
- A fellow officer, co-worker, superior, or someone outside of the Commissioned Corps with knowledge of the accomplishment(s) deserving recognition may initiate the nomination of an officer or a group of officers as candidate(s) for an individual honor or unit award. However, officers cannot nominate themselves.
- The nominator should review the criteria for each award level (CCI 511.01), then write a corresponding narrative (2-page limit) describing the achievement or accomplishments of the officer(s). Send the narrative together with respective PDF-fillable form PHS-6342-1 (Unit Awards), or PHS-6342-2 (Individual Awards) through the OPDIV/Agency's Line of Authority for signatures. The Awards Coordinator can provide Line of Authority information. https://dcp.psc.gov/CCMIS/PDF_docs/OPDIV%20Coordinators%20List%20-%20landscape.pdf
- Recommendation for individual or unit honor award must be formally initiated within 13 months after the noteworthy act or specific period of service to be recognized. All nominations should have at least one level of Supervisory / Line Authority review and endorsement.

INDIVIDUAL AWARDS PHS 6342-2

PHS 6342-2

PHS 6342-2: Citation, Achievement Medals, Commendation Medal & Above

Include PHS and Employee ID #'s
(located in Direct Access)

Include nominator's signature

Due to the level of award, in the TOP line under "Supervisory/Line Authority," check with your nominator and/or supervisor on who should be listed under this section.

CITED FOR:

This should be taken directly from the top "CITED FOR" section of your award narrative (must match and meet the word limit). This section should be brief and should not include the level of award.

Ex: *sustained quality of clinical duties, innovations, and leadership.*

*Not: *LCDR Doe is nominated for the United States Public Health Service Commendation Medal for sustained quality of clinical duties, innovation, and leadership between Jun 1, 2011 and October 19, 2012.*

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Commissioned Corps			
INDIVIDUAL HONOR AWARD NOMINATION RECORD PART I			
OFFICER'S NAME (Last, First, MI)		ENTRY ON DUTY DATE	
PHS RANK (O - 1 through O - 10)	PHS PROFESSIONAL CATEGORY	EMPLOYEE ID NO.	
CURRENT ORGANIZATION		ORGANIZATIONAL TITLE OR POSITION	
PROPOSED AWARD		PERIOD COVERED (mm/day/yyyy) (From) (To)	
NOTE: (Synopsis of specific achievement for which the individual is being nominated must be limited to 180 characters.)			
CITED FOR			
The nominator certifies that the officer is deserving of the proposed award, and that the accompanying documentation accurately and completely reflects the relevant information. Additionally, the nominator certifies that the officer has not received nor is being nominated for another award for which the basis overlaps this nomination (except as specifically cited).			
NOMINATOR (SIGNATURE)		NAME AND TITLE (TYPED)	DATE
ENDORSEMENTS:			
Supervisory / Line Authority			
SIGNATURES	NAME AND TITLE (TYPED)	AWARD ENDORSED (See Note below)	DATE
Operating Division (OPDIV) or Non-HHS Organization Awards Board Chairperson			
Approving Authority			
OPDIV or Non-HHS Organization Awards Coordinator			
NOTE: If a lower level award is endorsed, give reason in "comment" section below. Also, use the section below to document external agency concurrence as needed.			
COMMENT			
CCAB	DATE	ACTION <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	COMMENTS
SURGEON GENERAL	DATE	ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	COMMENTS

PHS-6342-2 (Rev. 9/11) PART I EF

UNIT AWARDS PHS 6342-1

[PHS 6342-1 Form](#)

PHS 6342-1: For Unit Awards only

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Commissioned Corps

UNIT HONOR AWARD NOMINATION RECORD PART I

NAME OF UNIT			
PROPOSED AWARD	PERIOD COVERED (mm/day/yyyy) (From) (To)		
NOTE: (Synopsis of specific achievement for which the unit is being nominated must be limited to 180 characters.)			
CITED FOR			
MEMBERS NOMINATED: Commissioned officers and civil servants. (Use extra sheet if needed.)			
NAME	EMPLOYEE ID NO.	OPDIV or Non-HHS Organization	
The nominator certifies that the unit is deserving of the proposed award, and that the accompanying documentation accurately and completely reflects the relevant information. Additionally, the nominator certifies that each officer named merits receipt of the award, and none of the officers has received or is being nominated for another award for which the basis overlaps this nomination (except as specifically cited). NOTE: The nominator cannot be one of the officers being nominated for this award.			
NOMINATOR (SIGNATURE)	NAME AND TITLE (TYPED)	DATE	
ENDORSEMENTS:			
Supervisory / Line Authority			
SIGNATURES	NAME AND TITLE (TYPED)	AWARD ENDORSED (See Note below)	DATE
Operating Division (OPDIV) or Non-HHS Organization Awards Board Chairperson			
Approving Authority			
OPDIV or Non-HHS Organization Awards Coordinator			

NOTE: OUC and UC are the only 2 awards available on this form. If a lower level award is endorsed, give reason in "comment" section below. Also, use the section below to document external agency concurrence as needed.

COMMENT

CCAB	DATE	ACTION <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	COMMENTS
SURGEON GENERAL	DATE	ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	COMMENTS

PHS-6342-1 (Rev. 9/11)

PART I

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Name of UC awardees should not include actual individual names, but rather the name of the group nominated. (ex: *The Cheyenne & Arapaho Healthy Heart Program*)

Include PHS and Employee ID #'s (located in Direct Access)

Note: If all the names don't fit under this section, write "See attached list" and attach an Excel spreadsheet to this form with required information.

WRITING HONOR AWARDS

FORMATTING

- Describe what you have done and why it matters
- Write in lay terms
- Be clear and concise
- Limited to two pages
- One-inch (1") margins
- 12-point Times New Roman font
- Awards boards often prefer “bullets” for activities, outcomes, and achievements
- Follow the format/template of your agency

TIPS & SUGGESTIONS

The following are a few tips and suggestions in writing a good narrative:

- Avoid “fluff” – The Headquarter Award’s Board does not want to read it
- Avoid phrases pertaining to “potential” or “expected” outcomes – The awards board cannot award for anticipated achievements or outcomes
 - Ex: *potential cost-avoidance, anticipated savings of, expected outcome of, etc.*
- USPHS Officers are considered to be on duty 24/7 – Avoid language referencing “off-duty hours.”
- Bullet activities, achievements, and outcomes whenever possible
- Do not state the award level in the “cited for” box on the PHS-6342
 - *On occasion, the board upgrades or downgrades award levels*
- Use lay terms so non-category reviewers will understand
- Avoid jargon, template, or excessive “praise” language
 - (i.e. enthusiastically, energetically, etc.)
- Quantify – Remember, there is a difference between activities and outcomes
 - *How much reduction in morbidity/mortality? How much money was saved? How many people trained? How much improvement was made? etc.*
- Needs to be more than just doing your normal job duties
- Review the award levels and their requirements prior to writing the award narrative. Do not assume that if you write for a higher-level award that it will be downgraded. Reviewers DO appreciate an award that is written at the appropriate level!
- Do NOT use future tense (e.g. “will accomplish,” “may affect,” etc.). If you are unable to adequately measure or document outcomes and impact, it is better to delay nomination until you are ready. Do not chance receiving a lower level award—or no award—due to rushing a nomination for promotion purposes. Submitting a well-documented nomination helps ensure officers receive appropriate recognition for significant accomplishments.

- DO have someone NOT connected with the project in question review the award narrative. Any person unfamiliar with project should be able to ascertain what the officer(s) is being submitted for when reading the narrative. Utilize his or her feedback to provide clarity.

COMMON PROBLEMS

The following are some common problems often seen in the award narrative:

- Accomplishments are too vague
 - Accomplishments should be specific, measurable, and show effective outcomes
- The impact of the Officer's work was not well described and/or not clear as to why their work was important
- Narrative was too technical
 - Officers in other categories are often responsible for reviewing awards
 - Use lay terms.
- Level of proposed award does not match accomplishments
- Awards for "Officership" is generally not accepted
- Deployment-related awards are not initiated by local awards board
- Lengthy background statements, vague statements of accomplishments or impact not quantified
- An overabundance of vague statements
 - Ex: "a very deserving officer", "walks on water", or "serves as a model"
- Statements without an explanation of how the work was accomplished.
 - Ex: How did the Officer take leadership of a project, increase efficiency or save the facility money
- Awards based on "doing your job"
- Awards based on maintaining licensure
 - Ex: attending CE courses or various certifications in professional field
- Stated activities not closely matching stated accomplishments/impact statements
- Overlap of multiple awards without clarifying the basis for the prior award(s) and the relevance or non-relevance to the present nomination
- Citing accomplishments outside the timeframe of the award
- Narratives not conforming to the guidelines of the following:
 - Two-page limit
 - 12-point Times New Roman font
 - One inch page margins
 - Single-line spacing.

EXAMPLES

Example award templates from the following agencies: ATSDR, CDC, FDA and IHS are given on the following pages to show you successful write-ups.

NOMINATION FOR THE USPHS OUTSTANDING SERVICE MEDAL FOR CDR JANE DOE, EMPLID#

BACKGROUND:

CDR Jane Doe is nominated for the PHS Outstanding Service Medal for extraordinary achievement, leadership, and outstanding dedication to the Vessel Sanitation Program (VSP) from January 2008 to December 2014. Due to CDR Doe's exceptional leadership skills, she was promoted to a supervisory billet in the Ft. Lauderdale, FL VSP field office in January 2012 where she supervises five personnel. This OSM nomination is focused on CDR Doe's leadership role in the project and no overlap exists between the unit award and this work.

The VSP mission is to prevent the introduction of acute gastroenteritis into U.S. ports from cruise ships sailing from foreign to U.S. ports. To accomplish this mission, VSP conducts operational inspections (including food safety, potable and recreational water, and outbreak prevention), construction inspections, outbreak investigations, and training seminars for cruise ship managers. In addition to playing a lead role in making decisions that positively influence the direction of VSP, CDR Doe served as schedule coordinator/manager, lead of the 2011 revision of the VSP Operations Manual and Construction Guidelines (OMCG), and construction coordinator.

ACCOMPLISHMENT:

January 2008 to December 2014: CDR Doe served as a schedule coordinator and then a schedule manager. In these roles, she headed the development of the monthly schedules for all inspectors for 25 to 30 operational inspections per month, plus construction inspections, training seminars, plan reviews, and other evaluations. CDR Doe scheduled approximately 10 inspection trips per month, and, as a program manager, balanced the workload among the VSP staff.

IMPACT:

CDR Doe's diligence and leadership ensured that all ships received the required unannounced inspections twice per fiscal year. CDR Doe reduced the error rate of missed ships from one per month to four per year, or a reduction in error of 67%. Ships receive a draft report and score during the inspection and a finalized report within one month. CDR Doe efforts to ensure that inspections were not missed meant that ships were consistently measured against VSP's high public health standards and current public health information was available to the public. In addition, during this time there were 73 outbreaks with known causative agents. Finally, VSP's budget is solely from inspection fees so the accuracy of schedules is critical to the public health activities of VSP. The average vessel inspection fee is \$10,400 and the previously missed inspections represented \$80,000 per year of recovered budget shortfall.

ACCOMPLISHMENT:

January 2009 to September 2012: In September 2008, VSP began revising the 2005 OMCG to incorporate evidenced-based research, new technology, and updated guidelines from national and international organizations. In January 2009, CDR Doe recognized an absence of leadership on the project and volunteered to serve as the leader of the team, which included four CAPTs, one CDR, and three LCDRs. In this role, she:

- Compiled 349 comments on the draft OMCG during five meetings. The comments were from all facets of this international industry, including cruise lines, equipment manufacturers, ship yards from Europe and Asia, and partners such as the Cruise Line Industry Association, the

NOMINATION FOR THE USPHS OUTSTANDING SERVICE MEDAL FOR CDR JANE DOE, EMPLID#

World Health Organization (WHO), the European Union Ship Sanitation Program, Health Canada and the Brazilian Sanitary Surveillance Agency.

- Initiated the development of unique, detailed procedures to streamline and organize the follow-up on an additional 163 comments over two comment periods, presenting changes to the VSP staff at six meetings, inputting the revised information into the draft, and highlighting all new information in the OMCG. CDR Doe also ensured that all conflicting comments were documented and resolved.
- Presented the final 2011 OMCG to 75 industry and public health partners. CDR Doe also led the research and created the 2011 OMCG clarifications pages.

IMPACT:

CDR Doe's persistent and remarkable leadership in revising the 2011 OMCG directly led to the successful incorporation of comments from industry and public health partners, resulting in effective buy-in and acceptance of the new industry standards. The 2011 Operations Manual was adopted in full by Health Canada and was heavily used to finalize international documents from WHO and Brazil. The cruise industry has built 7 new ships under the 2011 Construction Guidelines (CG) and an additional 20 are currently under construction with VSP's input, guaranteeing that these ships will be built to the highest public health standards in the world.

ACCOMPLISHMENT:

November 2011 to December 2014: CDR Doe served as the Assistant Construction Coordinator (November 2011 to November 2012) and then Construction Coordinator for VSP's Construction Program. During her tenure, she:

- Managed nearly 1000 requests for technical assistance in response to questions on the 2005 and 2011 CG, coordinated, oversaw, and conducted reviews of 35 pieces of new equipment, and provided assistance to 11 shipyards located in Europe and Asia.
- Directed the construction inspections of 36 ships and 25 plan reviews for new ships. Reviewed all construction reports and plan reviews before sending the final reports.
- Trained five new VSP staff members on the Construction Guidelines.

IMPACT:

As a direct result of her exceptional leadership skills and technical expertise, CDR Doe has become the international SME in cruise ship sanitation construction related to food areas, potable water, and recreational water. CDR Doe's input and coordination in the construction of 36 cruise ships affect approximately 72,000 total passengers and 36,000 total crewmembers per cruise on those 36 ships.

CONCLUSION

In addition to her commendable work these projects that were above and beyond her normal duties, CDR Doe continued to perform her normal duties at a high level even though VSP was staffed as low as 67% capacity. She conducted 413 operational inspections, 26 construction inspections in five different countries, 25 plan reviews, and 22 outbreak investigations, trained new staff, and managed the office budget. CDR Doe's outstanding efforts and visibility as a leader in VSP led to impacts on national and international level. She is highly recommended for the PHS Outstanding Service Medal.

**NOMINATION FOR THE USPHS COMMENDATION MEDAL FOR:
LCDR JOHN DOE, EMPLID #**

BACKGROUND:

LCDR John Doe is nominated for the USPHS Commendation Medal for sustained, exceptional, and significant contributions to the mission of ATSDR and for outstanding leadership to the Camp Lejeune soil vapor intrusion public health investigation, from September 2012 through February 2016. LCDR Doe served as the lead for the Camp Lejeune Vapor Intrusion investigation, one of ATSDR's highest priorities. He has been responsible for collection and management efforts including data discovery, retrieval, and organization. Vapor intrusion represents an important exposure pathway that has not been evaluated at Camp Lejeune where more than 1.5 million US Marines, their dependents and civilian employees have lived and worked for more than 60 years.

ACCOMPLISHMENT:

Data Acquisition - Since being assigned to Camp Lejeune in Sept 2012, LCDR Doe excelled in communications and interactions with multiple Federal and State partners to accelerate the acquisition of and avoid obstacles in reviewing more than 60,000 documents in both electronic and hard-copy formats. He analyzed more than 16 datasets within the Dept. of Navy (DON), the United States Marine Corps (USMC), the Environmental Protection Agency (EPA), ATSDR, and the North Carolina Department of Environment and Natural Resources (NCDENR) to isolate over 23,000 valuable and unique files to assemble into a data warehouse. For the first time, LCDR Doe was able to use base-wide environmental records to develop a comprehensive dataset of past and current vapor intrusion exposures at Camp Lejeune.

LCDR Doe was responsible for:

- Reviewing over 60,000 documents from multiple sources within the DON, USMC, EPA, ATSDR, NCDENR, and the Community Assistance Panel. Developing a keyword methodology to obtain files for over 40,000 documents identified in the title-only search.
- Compared and removed duplicates from the 40,000 documents to result in a final set of more than 23,000 unique and critical documents that contained environmental data for the Camp Lejeune vapor intrusion study.

Project Management - After 2 years of data acquisition, LCDR Doe successfully conducted a keyword search through the more than 23,000 unique documents. He led ATSDR to leverage funding from DON to hire contractors to fill a gap in staffing to accomplish ATSDR vapor intrusion investigation goals. By fostering new relationships, LCDR Doe served as the liaison between ATSDR and the DON to ensure that unprecedented file sharing occurred.

LCDR Doe was responsible for:

- At the request of Senators Burr (NC) and Hagan (NC), briefed U.S. Senate Staff, Senate Armed Services Committee members, and USMC leadership on details of the investigation at the Russell Senate office building in Washington, D.C
- Accomplished the procurement of, organization, review, and data extraction from this very large dataset
- Secured more than \$750K from DON to ensure funding of objectives and goals

IMPACT:

- LCDR Doe's effective approach to systematically search records at each agency, ability to translate the complexity of this project into common terms, and promote cooperation among the many numerous groups associated with USMC Base Camp Lejeune and environmental data collection has proven invaluable to ATSDR to

**NOMINATION FOR THE USPHS COMMENDATION MEDAL FOR:
LCDR JOHN DOE, EMPLID #**

successfully complete a vapor intrusion evaluation of a site larger than EPA, CDC, or ATSDR has ever approached in their history. LCDR Doe's unique skillset, experience, and disposition allowed him to acquire tens of thousands of historic and current files, sort, remove duplicates, and extract the data for this extremely large, difficult, and highly visible project

- LCDR Doe's efforts made it possible for in-depth analysis of historical base-wide environmental sampling data collected, from the time the base was constructed in the mid-1940s through current, that resulted in a comprehensive understanding of the potential harmful exposures to over 1.5 million Marines and their families who worked and lived on base for nearly 6 decades
- The results of LCDR Doe's efforts are being used to analyze chemical exposures to Camp Lejeune residents through vapor intrusion. His work is helping serve as the basis for the Department of Veterans Affairs (VA) to provide appropriate health care for the many active duty service members and their dependents. Clean records and organization are serving as indicators where service members worked and lived while stationed aboard USMC Base Camp Lejeune, illnesses and diseases, infant deaths, birth defects and cancer cases
- LCDR Doe's analysis involved examining the largest dataset in the history of ATSDR. The work done to obtain, sort, organize, remove duplicates, and assemble these files benefited the DON, particularly the USMC Base Camp Lejeune, as a comprehensive reference system for historical data. The results can continue to be used by the DON to add sample data as it is collected through monitoring programs to identify trends in volatile organic compound contaminant levels and migration of the groundwater plumes on base
- Data and results from LCDR Doe's analysis are also vitally important to the VA to determine which medical conditions will be treated because of their time at Camp Lejeune. Results are also significant to veterans pursuing legal action against the United States government. The model methodology, developed by LCDR Doe, now provides ATSDR with an established process to collect, organize and process extremely large datasets. With this tool, ATSDR is able to efficiently project costs and human resources needs for conducting similar projects

CONCLUSION:

LCDR Doe has made significant contributions through outstanding leadership and coordination with multiple partners. His efforts resulted in the development of a new systematic and extremely detailed methodology for obtaining tens of thousands of historical records and files spanning more than 6 decades. LCDR John Doe is highly deserving of the US Public Health Service Commendation Medal.

**NOMINATION FOR THE USPHS ACHIEVEMENT MEDAL FOR:
LCDR JANE DOE, EMPLID #**

BACKGROUND:

LCDR Jane Doe is nominated for the USPHS Achievement Medal for her sustained outstanding contributions to advancing and strengthening the CDC and the Nation's chemical emergency preparedness from December 2012 – March 2014. The National Center for Environmental Health (NCEH) is CDC's lead Center to responding to chemical public health emergencies of a public health nature. LCDR Doe is at the forefront of CDC's chemical preparedness and has led several national scope activities to strengthen and advanced preparedness and response to public health needs during chemical emergencies. LCDR Doe has done this work in collaboration with key federal agency partners DHHS, DHS, FEMA, FBI, U.S. Coast Guard, USDA, and FDA in these activities.

ACCOMPLISHMENT:

Exercise Coordination, Facilitation, and Design: Beginning in February 2013, CDC participated in exercises with the FEMA. LCDR Doe led NCEH and other CDC partners in four exercises, including Wildland Fires, Chemical/Hazardous Material Release, and Hurricane scenarios. LCDR Doe leveraged these exercises to build and strengthen relationships with response partners and key stakeholders, e.g. the American Red Cross. LCDR Doe developed a chemical response scenario for a CDC Public Health exercise for FEMA and all emergency managers and public health partners nationwide. LCDR Does planned and launched the first public health focused chemical exercise in February 2014. She secured cross agency participants from Georgia Departments of health and Agriculture, and federal partners including FBI, USDA, FDA, and identified the key players to represent NCEH. Additionally, she was instrumental in developing a series of public health-focused exercises to enable responders across the nation to simultaneously participate with CDC in hazard-specific facilitated discussions.

IMPACT:

LCDR Doe's work on the FEMA exercise resulted in:

- Increased capacity of CDC responder workforce exercised (150 responders received continuing education credits and experience in environmental health emergency scenarios)
- Strengthened and exercised relationships between CDC and other partners
- Addressed questions and gaps in policy regarding capacity, capabilities and resources brought to bear
- Engaged distant and remote public health and emergency management partners from 10 local, state, and federal entities to exercise with CDC
- Saved CDC and other institutions an estimated \$6 million by eliminating travel and per diem costs for 110 participants through the use of video conferencing technology

ACCOMPLISHMENT:

CDC EOC Watch Officer Protocols: LCDR Doe initiated the analysis of CDC watch protocols and retrospective review of incidents associated with chemical releases such as toxins delivered via food vehicles, chemical exposures masked as biological agents, and accidental chemical releases. LCDR Doe identified critical gaps for chemical incidents to go unrecognized and provided practical suggestions to improve EOC prompt recognition and accurate triage of these potential chemical incidents. LCDR Doe conducted a thorough review of triage protocols that may otherwise be triaged immediately to the Vessel Sanitation Program, Division of Global Migration and Quarantine, or Zoonotic Infectious Diseases. Understanding of case onset and

**NOMINATION FOR THE USPHS ACHIEVEMENT MEDAL FOR:
LCDR JANE DOE, EMPLID #**

subsequent recommendations recommended integrating NCEH early during possible chemical events related to ship and foodborne outbreaks save valuable response time. One example of this was immediately apparent following notification of a ricin event in May 2013. NCEH was notified promptly and worked with NCEZID on determining if a public health concern was present. Additionally, CDC partnered with NIOSH, FBI, and US Postal Service to ensure potential exposure was notified, educated, and received follow-up care. Prior to the revision of protocols, NCEH may have not been involved initially to provide consultation.

IMPACT:

LCDR Doe's work has resulted in:

- follow-up care and information received by workers in the post office who may have potentially been exposed
- earlier NCEH engagement achieving faster response times, saving up to 24 hours for ricin incidents

ACCOMPLISHMENT:

Chemical Incident Annex to CDC All Hazards Plan (AHP): NCEH Office of Environmental Health Emergencies was tasked with composing the chemical incident annex to the CDC AHP for incidents affecting the US and its territories. This plan is specific to the CDC as a whole and is a critical accreditation standard for the agency. Under the leadership of LCDR Doe, a team was assembled to write the annex under an extremely tight timeline in order for CDC to attain Emergency Management Accreditation Program (EMAP) certification, the first for a federal agency. She met with personnel in the Planning Section of the Division of Emergency Operation on a weekly basis from December 2012 through March 2013. LCDR Doe ensured the involvement of critical SMEs and that the resultant capabilities-based plan was consistent with the National Frameworks. Following the completion of the annex, LCDR Doe also composed a training course for pertinent CDC workers.

IMPACT:

LCDR Doe's work on the annex and accreditation, has led to:

- Improved agency credibility and influence with state emergency management partners
- Increased response readiness by 85 CDC emergency coordinators trained on the new annex
- Improved readiness to handle chemical emergencies that threaten the public's health

CONCLUSION:

LCDR Doe has demonstrated outstanding leadership and sustained excellence in public health practice and chemical emergency management. In recognition of these accomplishments, she is deserving of the USPHS Achievement Medal.

**NOMINATION FOR THE USPHS CITATION MEDAL FOR:
CDR JOHN DOE EMPLID#**

BACKGROUND:

CDR John Doe is nominated for the PHS Citation in recognition for successfully rebuilding the Ft. Yuma Indian Health Center Safety Program from September 1, 2010 through March 31st, 2011.

CDR Doe serves as an Institutional Environmental Health Officer for the Phoenix Area Indian Health Service (IHS) Office of Environmental Health & Engineering (OEH&E). His routine duties include conducting radiation protection surveys of x-ray equipment, conducting mock-accreditation surveys of hospital and clinics and providing technical support to community based environmental health officers. CDR Doe transferred to Phoenix Area IHS from IHS Headquarters in June of 2010.

The Ft. Yuma Indian Health Center is one of several health care facilities CDR Doe has been assigned to assess and assist with safety management. Generally, this includes comparing the safety and engineering programs to national standards, identifying gaps and making recommendations to service unit leadership. However, in the fall of 2010 on one of his first field assignments, CDR Doe found the Ft. Yuma Service Unit badly out of compliance with the Accreditation Association for Ambulatory Health Care (AAAHHC) standards. The facility did not have a qualified safety officer or facility manager. The safety committee was not meeting. There was a backlog of uninvestigated incident reports. Hazard surveillance rounds were overdue. Emergency preparedness drills had not been conducted. Safety policies and procedures were out of date. Personnel had not participated in safety training. In short, the Ft. Yuma safety program was defunct.

ACCOMPLISHMENTS:

CDR Doe recognized the safety program was in crisis and that the crisis jeopardized the safety of patients and personnel as well as the entire health center's AAAHC accreditation. Following his initial assessment, CDR Doe developed an action plan including an action-item tracking system. His first priority was to identify a qualified safety officer. He researched Office of Personnel Management regulations and outlined the requirements for the position requiring a candidate with a science background and at least a GS 9 grade. Under CDR Doe's guidance, the acting service unit CEO appointed an O4 Commissioned Corps Pharmacy Officer to serve as safety officer. CDR Doe then trained the new safety officer in hazard identification and recognition, incident investigation, fire safety management and safety policy development.

IMPACT:

After resolving the safety personnel problem, CDR Doe worked with the safety officer to address outstanding safety compliance issues. CDR Doe and the safety officer investigated and closed the backlog of open incident reports. CDR Doe facilitated the reconvening of the safety committee including assistance with committee membership and meeting management. CDR Doe enlisted the safety committee members in the hazard surveillance process and provided training to the hazard surveillance team. CDR Doe reinstituted the annual safety orientation program and ensured all clinic staff had been properly trained. CDR Doe scheduled and facilitated quarterly disaster and fire drills, including writing the after action reports. CDR Doe provided safety program reporting to the health center's governing body. CDR Doe has facilitated the revision of safety and emergency management policies to ensure their compliance with current standards.

**NOMINATION FOR THE USPHS CITATION MEDAL FOR:
CDR JOHN DOE EMPLID#**

The Phoenix Area Indian Health Service Director's Office also recognized the facility was in crisis and appointed CDR Doe to an incident management team to assist the health center regain its operational footing. CDR Doe has been a leading participant in the group setting the standard for problem identification, tracking, and resolution. The incident management team met weekly from December through March when responsibilities were transferred to the recently appointed interim CEO.

The situation CDR Doe encountered in Ft. Yuma is extraordinary. All service units need assistance with their safety program on some level; however, CDR Doe essentially had to assume management control of the Ft. Yuma safety program for six months. Due to the efforts of CDR Doe, the situation has been stabilized and a process for safety has been reestablished.

CONCLUSION:

CDR Doe's efforts have been recognized by Phoenix Area IHS Director's Office as the model for correcting future situations of this nature. For his outstanding accomplishment of rebuilding the Ft. Yuma Indian Health Center safety program, CDR Doe is hereby nominated for the PHS Citation.

NOMINATION FOR THE USPHS OUTSTANDING UNIT CITATION FOR: UNIT

BACKGROUND:

The Exposure Dose Calculator Team is highly recommended for the PHS Outstanding Unit Citation for their exceptional achievement in the conception and development of a software tool that calculates human exposure doses to environmental contaminants.

The Agency for Toxic Substances and Disease Registry (ATSDR) is the principal federal public health agency charged with evaluation the human health effects of environmental exposures to hazardous substances. ATSDR produces approximately 200 written public health evaluation of environmental exposure to hazardous chemicals each year. The initial and crucial step in the evaluation is calculating the exposure dose (the amount of a hazardous substance that enters the body) associated with an exposure to a hazardous chemical. This estimate is critical for assessing the potential for adverse health effects. It is typically expressed in terms of mass per body weight per day (mg/kg/day). The multiple steps involved in the calculations, as well as the uniqueness of each, make the calculations laborious and prone to errors.

Over a 14-month period (March 2005 – May 2006), the Exposure Dose Calculator Team (Team) conceived, developed, and implemented a software tool that minimizes the time and eliminates potential errors associated with the traditional method of calculating exposure doses. The software tool supplements the ATSDR Public Health Assessment Guidance manual, and allows users to calculate exposure doses as well as cancer risks. The tool also facilitates screening the calculated exposure doses against health-based decision-making. The Exposure Dose Calculator also provides institutional memory because the calculated exposure dose can be printed, saved, retrieved, and exported to external programs such as Microsoft Excel. The Team was supported by two contract programmers and their civil service supervisor. For their efforts, the contractors received commendation letters and their supervisor received a day-off award.

ACCOMPLISHMENTS:

The Team identified the need for the dose calculator, developed the calculator concept and design parameters, provided a proof of concept, tested beta software, conducted user-training sessions, and managed distribution of the calculator. The Team met all of initial design requirements for this software tool which included: 1) calculations for common environmental media, such as water, air, soil, and food; 2) analysis of common exposure pathways, such as ingestion, dermal and inhalation; 3) inclusion of numerous comparison values from various agencies; and 4) construction that includes a simplistic user-interface requiring minimal training. In addition, the Team made this software tool accessible to users in various formats, including direct software installation, intranet access, placement on a File Transfer Protocol (FTP) site, and CD-ROM. The persistence and focus displayed by the Team were instrumental in overcoming numerous construction and programming difficulties, and resulted in an effective and valuable finished product. The Team logged over 750 work hours on this effort while continuing their regular health assessment activities.

IMPACT:

The Exposure Dose Calculator tool is used daily by ATSDR health assessors and in an increasing number of applications outside ATSDR. The Team has received numerous positive comments from local, state, and Federal environmental public health professionals. Over 100 requests for the software tool is an indication that the Exposure Dose Calculator is a valuable tool that has contributed to both the efficiency and quality of the work of a variety of public

NOMINATION FOR THE USPHS OUTSTANDING UNIT CITATION FOR: UNIT

health professionals. No other easy-to-use tool of this type was available to health assessors prior to the Exposure Dose Calculator.

- A rapid assessment of exposure to toxicants was required as part of the ATSDR response to Hurricane Katrina (September 2005). The initial version of the Calculator was used to assess potential exposure risks for more than 1,000 environmental samples of a variety of contaminants. The Exposure Dose Calculator was proven a valuable resource for scientists and first responders who needed to evaluate the health hazards associated with emergencies involving releases and spills of hazardous chemicals.
- The Exposure Dose Calculator provides a valuable tool to aid the health assessment process and has become a critical element in the quality control of numerous agency documents. The printable output allows easy quality control of dose calculations. Since the implementation of the Exposure Dose Calculator the mathematical errors that were associated with hand calculations has been greatly reduced.
- The Exposure Dose Calculator was incorporated in the ATSDR June 2006 Basic Course for Health Assessment and Consultation. Another indication of the value of the tool is that health assessors were trained to use the tool before another course was scheduled. Approximately 100 new health assessors have been trained to use the tool, to date.
- For both scientific reviewers and health assessors, the Exposure Dose Calculator has become a routinely used tool. It has saved hours of work by ensuring that the calculations for estimating human exposure doses were correct, relevant, and complete. ATSDR health assessors and reviewers are estimated to save two hours per week by using the calculator. At that rate, ATSDR saves ~4,000 work hours per year using Exposure Dose Calculator.
- In less than one year, the ATSDR Division of Regional Operations used the calculator to evaluate exposures at more than 35 hazardous waste sites. The tool is available to support health assessments at approximately 200 sites that ATSDR evaluates annually.
- The Exposure Dose Calculator has had a national and international impact on improving estimates of human exposures to hazardous chemicals. The tool has been used by the majority of the 32 State Cooperative Agreement programs, local, and other Federal public health agencies. Public health officials of the French government requested Exposure Dose Calculator and are using the tool.

CONCLUSION:

The Team demonstrated initiative and creativity by producing a product that can be used by many environmental health professionals. Moreover, they did this in addition to their regular duties. The Exposure Dose Calculator is a notable advancement for environmental public health practice, and has found widespread applications, both nationally and internationally. Therefore, we nominate the Exposure Dose Calculator Team for the Outstanding Unit Citation, not only for their sustained efforts and exceptional achievement, but also for their construction of a software tool that has had a valuable impact on environmental public health practice and advancement of public health science.

NOMINATION FOR THE USPHS UNIT COMMENDATION FOR: TEAM

BACKGROUND:

The Team is nominated for the Unit Commendation for exemplary investigative work resulting in significant enforcement actions including: a Warning Letter (WL) to a university laboratory, re-inspection of the application study director, and re-review of two applications sponsored by a large chemical company. Laboratory studies are of critical importance to the Food and Drug Administration's (FDA) ability to make public health decisions. These studies are required to be conducted according to scientifically sound protocols and with meticulous attention to quality. Research not conducted under these conditions can undermine and impede the FDA's ability to make sound decisions and lead to possible public health risks.

ACCOMPLISHMENTS:

The period of this Team's accomplishments was from September 2010 to October 2010. There was one Commissioned Corp officer and one civilian on the Team.

A laboratory at a major university located in the northeastern United States conducted and submitted research, essential to verifying the safety of two food additive applications, to FDA's Center for Veterinary Medicine (CVM) for approval. CVM issued an assignment to the Team to inspect this laboratory. The inspection was indicated to ensure the university's compliance with FDA regulations in regards to the research conducted for these two applications.

IMPACT:

In September 2010, the Team discovered multiple problems at the laboratory, such as failure to implement quality assurance, failure to retain data from analytical work performed, failure to maintain equipment, and failure to train employees, bringing the quality and reliability of the research for the related applications into question. After discovering the problems, the inspection Team showed initiative by contacting and working directly with the CVM application reviewer to develop strong evidence to support an enforcement action.

The Team conducted multiple targeted interviews with faculty and staff and collected sufficient amounts of study related documentation to support a regulatory action against the laboratory, the application's study director, and sponsor. Observations, such as failure to implement quality assurance, maintain records, maintain equipment, and of the training of employees, documented in the inspection brought into question the reliability and quality of the research submitted for the food additive approvals. The Establishment Inspection Report (EIR) and supporting exhibits (procedures and records) generated by this Team allowed CVM an accurate view of the true potential public health risks of approving the applications. This comprehensive EIR was utilized by CVM to support regulatory action against the laboratory, the study director, and the application sponsor.

CONCLUSION:

Because of this inspection, a WL, listing significant violations of federal law that may lead to enforcement action if not promptly and adequately corrected, was drafted by CVM, and is currently awaiting issuance to the university laboratory. Additionally, the documentation collected throughout this inspection was utilized to facilitate the targeted re-inspection of the study sponsors, multiple associated laboratories and study directors. Pertinent information documented in the EIR contributed to an informed and in-depth scientific review of the associated applications and resulted in the issuance of an administrative action, "Refusal to File Letter" (means a refusal to review and approve applications), to the affiliated study sponsors.

**NOMINATION FOR THE USPHS UNIT COMMENDATION FOR:
TEAM**

The exceptional accomplishments of this group resulted in significant immediate and long-term public health protection beyond the initial inspection. The Team conducted themselves with exemplary professionalism, commitment to Teamwork, and dedication to protecting public health and food safety as evidenced by the quality of their work. For these reasons, the team is recommended for the Unit Commendation.

The civilian member of this group received a District Office Group Incentive Award.

RESOURCES

CCMIS Website, Commissioned Officers' Awards Program (COAP):

https://dcp.psc.gov/CCMIS/COAP/COAP_index_m.aspx Commissioned Corps Awards

Coordinators by OPDIV/Agency:

https://dcp.psc.gov/CCMIS/PDF_docs/OPDIV%20Coordinators%20List%20-%20landscape.pdf

Commissioned Corps Instruction (CCI):

https://dcp.psc.gov/ccmis/ccis/documents/CC511_01.pdf

Commissioned Officers' Awards Program: Types of Recognition & Awards Criteria:

https://dcp.psc.gov/CCMIS/COAP/COAP_award_criteria_m.aspx

Commissioned Officers' Awards Program (COAP): Nomination Procedures and Forms

https://dcp.psc.gov/CCMIS/COAP/COAP_nominations_m.aspx

Frequently Asked Questions

https://dcp.psc.gov/CCMIS/COAP/COAP_frequently_asked_questions_m.aspx