



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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February 2004

Surgeon General's Column

Black History Month gives us the opportunity to celebrate both the accomplishments of African Americans in public health and science, and to act on the continuing challenge of reducing health disparities among minorities.

African Americans have had a profound impact on health and medicine. Dr. Daniel Hale Williams was the first doctor to perform open-heart surgery in the successful removal of a knife from the heart of a stabbing victim in 1893, and in 1913, he was the only African American in a group of 100 charter members of the American College of Surgeons. Dr. Charles Richard Drew set up and ran the blood plasma bank—the forerunner of the modern blood bank—at Presbyterian Hospital in New York City in the late 1930s, and developed a technique to preserve blood for transfusion. More recently, Dr. Benjamin Carson has been a trail blazing pediatric neurosurgeon, most known for the successful separation in 1987 of conjoined twins who shared a portion of the same brain, and for his continuing commitment to inspiring African American youth.

The health provider workforce has become more diverse over the years with several African Americans emerging among the Nation's top doctors. Two of the past four Surgeons General—all minorities—have been African American, including Dr. Jocelyn Elders, the first African American Surgeon General, and Dr. David Satcher.

As we celebrate these tremendous accomplishments, we must redouble our efforts to close the health care gap be-

tween racial groups. Over the past few decades, the health status of African Americans has improved in many significant areas. There have been moderate decreases in infant mortality and deaths related to heart disease, cancer, chronic lower respiratory diseases, and chronic liver disease and pneumonia. But African Americans still suffer disproportionately from many preventable illnesses such as cardiovascular diseases, HIV/AIDS, and diabetes. The total age-adjusted death rate for African Americans far exceeds the death rate of non-Hispanic whites and that of all groups.

Heart disease is the leading cause of death for African Americans. The 2000 death rate from heart disease for African Americans was more than 25 percent higher than the rate for whites. In 2000, heart disease claimed more than 77,523 African American lives, of which 40,783 were women and 36,740 were men.

Several risk factors that contribute to death and disability related to heart disease are prevalent in African Americans, including hypertension, diabetes, high cholesterol, overweight and obesity, smoking, and lack of physical activity. African Americans also have the highest rate of high blood pressure of all racial and ethnic groups. In fact, the prevalence of high blood pressure in African Americans is among the highest in the world. And African Americans also tend to develop hypertension at a younger age than other racial and ethnic groups in the United States. Nearly 41 percent of African American women,

and approximately 38 percent of African American men, have hypertension.

Overweight and obesity are growing problems for America, and they do not just impact our waistlines. They increase the risk of heart disease as well as other diseases that cause premature death and disability. Today, more than 64 percent of Americans over age 18 are overweight or obese. The problem is most prevalent among African American women—today more than 77 percent are overweight or obese.

The health benefits of moderate physical activity and healthy eating, including maintaining a healthy heart and lowering high blood pressure, can save lives. Healthy lifestyles can also improve the health of people who have heart disease. Yet, many communities are not meeting the recommended exercise

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Surgeon General's Column

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guidelines calling for adults to engage in 30 minutes of moderate physical activity 5 times a week.

Eliminating health disparities is not just an African American issue. It is an American problem that we must all work together to address. We can reverse the dangerous trends and provide a more promising future for our children by reducing health disparities through prevention. To do this, we must encourage healthy eating; physical activity; early detection of high-risk factors; and monitoring and reducing high blood pressure, cholesterol, and excess weight. We must work with health providers to provide quality health care. We must encourage health care professionals to not only address the immediate physical symptoms and conditions that a patient may present, but to also give clear information about disease prevention and health promotion during each clinical consultation.

Our African American heroes have shown through their example that barriers can be overcome and much can be accomplished through hard work and determination. Under the leadership of President Bush and Secretary Thompson, we are committed at all levels of public health to understanding and eliminating health disparities. We will continue developing innovative strategies to improve heart health.

When we look back years from now, we will be able to count all Americans as being a part of the great health improvements and advancements of the 21st century. Prevention was and is the key to a longer healthier life for all of us.

To put a new twist on something that a great man—Dr. Martin Luther King, Jr.—once said: the inseparable twin of racial injustice is *health* injustice. Let's work together to make health disparities a part of our history, not our future.

VADM Richard H. Carmona
Surgeon General



Commissioned Corps Awards Board

The Commissioned Corps Awards Board commends the achievements of all of the officers who were recognized in December 2003. Due to space limitations in the *Commissioned Corps Bulletin*, only one Individual award was featured in the January issue, and one Unit Honor award is being featured in this issue.

CDC/NIOSH Team Resolves the Blurred Vision Problem of Workers Exposed to Two Chemicals Widely Used in the Printing Industry

Three officers in the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH) Visual Assessment Team, **CDR Vincent D. Mortimer**, **CDR Elena H. Page**, and **LCDR Calvin K. Cook**, received the U.S. Public Health Service (PHS) Outstanding Unit Citation for their superior work in identifying and resolving the blurred vision problem in workers exposed to two tertiary amine compounds widely used in the printing industry. According to the nomination statement submitted by CDC, this phenomenon had never been examined in scientific literature prior to this study. The team was also recognized for their work to inform the printing industry, potentially exposed workers, and occupational medicine and ophthalmology practitioners of the chemicals' potentially harmful health effects and methods for avoiding them.

(Please note: Three civil service employees on the team—Mr. Gregory Burr, Ms. Ardith Grote, and Mr. Charles Mueller—received a civilian special act award.)

Background

NIOSH responded to an outbreak of blurred vision among workers from one of the largest flexographic printing operations for consumer product labeling in the United States. NIOSH was contacted following inconclusive investigations by the Ohio Bureau of Workers' Compensation, a private contractor, and a consulting ophthalmologist. From February 2001 to February 2003, the Visual Assessment Team conducted detailed medical investigations, perfected sampling and analytical methods, and ensured national intervention through vig-

orous communication with relevant regulatory and health agencies.

The team performed specialized eye examinations at the printing facility daily for 2 weeks at the beginning and end of both shifts. The team focused on two tertiary amine compounds, dimethylaminoethanol (DMAE) and dimethylisopropanolamine (DMIPA), after discovering that the workers' blurred vision was due to opacification of the cornea. The team demonstrated that DMAE and DMIPA directly deposited on the cornea which caused the blurred and halo vision in workers.

Initially, reliable methods for environmental sampling of amines were not available. The investigators designed and conducted a rigorous desorption study using XAD-7. This sampling method was posted on the NIOSH Web site and published in the NIOSH Manual of Analytic Methods to help occupational safety and health specialists to accurately determine worker exposures to amines. The team also made practical control recommendations, such as substituting less toxic or diluted inks, covering ink buckets, and using local exhaust ventilation. These recommendations immediately resolved the visual problems of more than 100 workers.

To publicize their findings, the team mounted an extensive, national dissemination campaign. These efforts included publication of the findings in *Occupational and Environmental Medicine*, notices by the American Academy of Ophthalmology and American College of Occupational and Environmental Medicine, and a special CDC/NIOSH press release. The team gave presentations at conferences held by the National Association of Printing Ink Manufacturers, Inc., the Flexographic Technical Association, and the Graphic Arts Technical Forum to ensure intervention activities reached all potentially exposed workers. These efforts were critical in (1) warning ophthalmologists and occupational medicine physicians about these two tertiary amines; (2) updating the manufacturer's material safety data sheet, including the findings in an Environmental Protection Agency report;

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Commissioned Corps Awards Board

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and (3) adding DMAE and DMIPA to the NIOSH/Bureau of Labor Statistics Disease Agent Survey.

Since publication of the study, companies have reported changes based on the team's efforts. For example, Standard Register Company, which has thousands of employees in the United States and

40 countries, substituted a different type of ink to prevent exposure to amines.

The NIOSH Visual Assessment Team has proven worthy of the PHS Outstanding Unit Citation for their skillful, insightful, and creative investigative abilities and efforts to protect U.S. workers most at risk.

New Mileage Rates

Effective January 1, 2004, the mileage reimbursement rates for Federal employees who use privately owned vehicles on official Government travel are as follows:

- Automobile – 37.5 cents per mile;
- Airplane – 99.5 cents per mile; and
- Motorcycle – 28.5 cents per mile.

COA Announces 2004 Conference Agenda

The Commissioned Officers Association (COA) has announced the agenda for its 2004 conference, which will be held in Anchorage, AK, May 16 through 20. This year's conference features an expanded 3½ day agenda beginning on Monday afternoon and running through Thursday evening.

Highlights include:

- A round table discussion, featuring the deans of major public health programs, on exploring future trends in public health care;
- General sessions on:
 - the role of Public Health Service officers in global health;
 - microbial threats to public health in the 21st century; and

– building a new healthcare system in Iraq.

- A full day of breakout sessions covering infectious diseases, suicide, obesity, occupational injuries, substance abuse, and more;
- The latest information on the transformation of the Corps;
- Surgeon General VADM Richard H. Carmona's update on the year in public health;
- Two opportunities to participate in the 3-day Basic Officer Training Course (BOTC);
- Previews of the upcoming Advanced Officer Training Course and Pre-BOTC;
- A retirement seminar;

- Pre-conference sessions on career development, the promotion process, and the Associate Recruiter Program;
- Commissioned Corps Readiness Force physical fitness testing;
- and much more!

Tuesday, May 18, will be Category Day, featuring a full-day of profession-specific workshops and social functions for dentists, dietitians, engineers, environmental health officers, health services officers, nurses, pharmacists, physicians, scientists, therapists, and veterinarians.

For more information about the agenda or to review detailed Category Day agendas, visit the conference Web site at www.coausphsconference.org. For more information, call toll-free 866-544-9677.

Authorization for Outside Activities is Required

You, as a Public Health Service Commissioned Corps officer, must obtain authorization prior to engaging in outside activities. Many officers participate in professional organizations, teaching activities, part-time jobs, and other activities outside of their official duties.

Before engaging in these activities, you must apply for approval using form HHS-520, "Request for Approval of Outside Activity," which is available on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—click on 'Services.' Approval is granted through the Agency/ Operating Division (OPDIV)/ Program to which you are assigned. If you have multiple outside activities, a separate form HHS-520 is required for each activity.

The completed form HHS-520 should be forwarded to DCP upon your Agency/

OPDIV/Program's approval. This form will be included in your official personnel folder, and should be sent to the following address:

Division of Commissioned Personnel
ATTN: Officer Support Branch
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001

Approval is generally not required to be a member of a professional organization; however, approval is needed to serve as an officer, committee chair, or similar leadership role in a professional society, even if you receive no compensation for the activity. Approval is not needed to serve as a volunteer in a homeowners association or similar non-political community organization.

Approval is required for any employment outside of the Service, whether or not it is similar in nature to your official

duties. Also, regardless of compensation, approval is needed for teaching, lecturing, and speech making activities; writing and editing; and any other outside activity for which the Agency/OPDIV/ Program imposes internal requirements for administrative approval.

Public Health Service Commissioned Corps officers may *not* be granted station leave during scheduled work periods for the purpose of engaging in compensated outside activities.

When in doubt, check with your Agency/OPDIV/Program's management office or ethics counselor before you begin an outside activity. If you obtain approval and then decide not to participate in the activity, or discontinue an approved activity, no harm will be done—you can cancel your "Request for Approval of Outside Activity."

RADM W. C. Vanderwagen Returns from Iraq

RADM William C. Vanderwagen, Chief Medical Officer, U.S. Public Health Service, returned to the United States in mid-January after 4 months in Iraq.

RADM Vanderwagen shared with us some of the photos taken in and around Sinjar and Telafar in the western Ninewah governorate which is near the Syrian border. This area consists of a mixed population of Arabs, Kurds, and the traditional Bedouin people. The Bedouin people are neither Muslim nor Christian, but follow a traditional tribal religion. The region is part of the Syrian desert, but has irrigation and provides most of the wheat grown in Iraq. It is a sheep raising region as well.



People waiting to be seen in a pediatric clinic that was rebuilt by the 101st Airborne Division, 3rd BGD.



RADM Vanderwagen is in the center of this photo (4th from left). He is pictured with the hospital director and the lead medical staff at the hospital, along with the soldiers who helped rebuild the hospital and clinic.



This soldier was at a smaller village to the north of Telafar. This is the type of reception often received from the children.

Reminder

The deadline for submission of applications for assimilation into the Regular Corps is **February 13, 2004**.

See page 7 of the December 2003 issue of the *Commissioned Corps Bulletin* for more information regarding applying for assimilation.

Absentee Voting Information Online

Information on absentee voting is available through the Internet. The Federal Voting Assistance Program's Web site— www.fvap.ncr.gov—provides voting-related information and resources, including the complete *Voting Assistance Guide* and voting news releases for members of the Uniformed Services who are eligible to vote absentee.

Public Health Service (PHS) Commissioned Corps officers can obtain Standard Form 76, "Registration and Absentee Ballot Request—Federal Post Card Application," from their local PHS ID card issuing office or by contacting the Officer Support Branch, Division of Commissioned Personnel, at 301-594-3384.

CDR Doreen Melling Renders Medical Assistance

CDR Doreen M. Melling, a Health Services Officer with the Public Health Service Commissioned Corps, is currently serving as the Food and Drug Administration Regulatory Affairs Liaison Officer with the Joint Program Executive Office for Chemical and Biological Defense (JPEO-CBD), Department of Defense. CDR Melling was highlighted in the January-March 2004 issue of *Chem-Bio Defense Quarterly*, pages 6 and 7, in an article titled 'Is There a Doctor Onboard?' A synopsis of the article follows.

While CDR Melling and the other passengers were waiting for liftoff on a flight to Salt Lake City, the boarding attendant, Kathleen, made an announcement that another flight had just arrived and connecting passengers would be seated momentarily. She then proceeded to help the new passengers onboard. An apparent miscommunication between the ground crew and the cockpit caused an unexpected jolt in the plane as if it was being pushed back in preparation to taxi out to the runway. Upon hearing a "blood curdling scream," and the announcement, "Is there a doctor onboard?" and seeing

that no one answered the call for medical assistance, CDR Melling, an Emergency Medical Technician, went to the plane's entrance to offer assistance.

What CDR Melling saw was the boarding attendant lying on the floor directly in front of the cockpit door with her right leg severely injured. CDR Melling theorized that the boarding attendant was in the doorway as the plane was being pushed in reverse, and she was most likely crushed by the airplane door closing on her. CDR Melling instructed some of the crew to get a first-aid kit and gauze. She bandaged the leg and made sure that there was good circulation to the leg and foot. There was not much blood because the femoral artery had not been damaged.

"Although Kathleen was in extreme pain, she was amazingly calm, awake, and had good vital signs as we waited for the paramedics to arrive," said CDR Melling.

Because the door of the plane had been damaged, the passengers were transferred to another plane. "During the alternate flight, I realized that the train-

ing I received as an Emergency Medical Technician made a difference in someone's life. I was very happy that I could assist," said CDR Melling. She went on to say, "The reason I became an Emergency Medical Technician was because I witnessed three medical emergencies as a Maryland State First Responder. I would encourage everyone to enroll in first-aid and cardiopulmonary resuscitation (CPR) courses at their local Red Cross Center or Fire Department. The training will give you confidence because you never know when you may be called upon to save a life."

CDR Melling received congratulations from Mr. Richard Decker, Acting Deputy Joint Program Executive Officer, for rendering medical assistance to a Southwest Airlines' employee. Officials at the airlines reported that the boarding agent is making a full recovery.

Note: The entire January-March 2004 issue of *Chem-Bio Defense Quarterly* is available at <http://www.jpeocbd.osd.mil/documents/Vol%201,%20Issue%201,%20Jan-Mar%202004.PDF>.

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PHS Officer Inducted as a Fellow into the College of Physicians of Philadelphia

On October 29, 2003, **CAPT Richard C. Vause, Jr.** was inducted as a fellow into the College of Physicians of Philadelphia (CPP). He is only the second Physician Assistant ever inducted and the first based strictly on his PA-C. CAPT Vause was nominated by two current fellows of the College and was required to face the normal membership scrutiny to be approved by the membership committee and the executive board of the college for fellowship.

As to a little history. Founded in 1787, the CPP is the oldest honorary medical academy in the United States. An organization of distinguished health care professionals and historians of medicine, the College encourages the study and appreciation of medicine in the broader historical and social context in response to current health care issues as well as public and professional interests. The Library of the CPP is one of the largest medical history

collections in the world, and contains more than 250,000 books and journals published before 1966, including over 400 incunabula and more than 12,000 pre-1801 imprints. The rare book collection is augmented by extensive archival, manuscript, print, and photograph collections.

The College is also home to the world famous Mütter Medical Museum which houses an exceptional collection of medical artifacts, instruments, pathological specimens, and anatomical models that complements the holdings of the Library. The Francis Clark Wood Institute for the History of Medicine was established in 1976 to make better known to the scholarly community the rich resources of the Library and the museum, and to encourage the study of developments in health care using these resources. The Wood Institute especially encourages examination of contemporary issues in historical perspective.

Among the notable fellows of the college are: Benjamin Rush, physician and signer of the Declaration of Independence; former Surgeon General C. Everett Koop; former Surgeon General David Satcher; and Surgeon General Richard H. Carmona. At the ceremony, CAPT Vause added his name and the letters PA-C to the 200-year-old register of the College, the original book that was first signed in 1787 at the establishment of the College. He was inducted as a fellow along with 28 other distinguished physicians and scientists.

The keynote speaker for the evening was Dr. David Satcher who also received a special award for his work as Surgeon General and his promotion of public health.

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Commissioned Corps Readiness Force

CCRF Supports the 2nd Marine Expeditionary Force at Camps Lejeune and Pendleton

Beginning in October 2003 and extending until March 2004, Commissioned Corps Readiness Force (CCRF) dentists deployed to Camps Lejeune and Pendleton. These dentists deployed to care for Marine Expeditionary Forces who are/were Stateside and who have or will return to the Iraq Theater. All total, 36 dentists deployed for a period of 2 weeks each. To demonstrate the impact of our dentists, one dentist, from November 11 until November 21, performed 177 major or selected procedures and spent 95 percent of his time in direct patient care. This one dentist provided care for 120 patients during this period. In addition, many of our dentists received continuing education credits while on deployment.

Orange Alert

On December 21, 2003, the Department of Homeland Security, in consultation with the National Security Council, raised the security alert level from 'yellow' to 'orange.' This was a result of a significant increase in monitored communications between suspected terrorists, threats against specific targets, and the upcoming holiday season.

The National Disaster Medical System (NDMS) placed sixteen teams on alert status. Although no officers were deployed, two Environmental Health Officers were on call for two Management Support Teams, and two officers were on call for the Domestic Emergency Support Team.

State of the Union Address

CCRF participated in the 2004 State of the Union address to the Joint Session of Congress. Because of the heightened security concerns surrounding this event, the Department of Health and Human Services requested the pre-positioning of CCRF members to support a variety of assets from logistics to health and medical resources responders in case of a medical emergency. As in past years, CCRF was proud to have a part in the annual State of the Union address.

CCRF Training

In February, CCRF officers will attend the Combat Casualty Care Course (C4) at Camp Bullis, Texas, near San Antonio. C4 provides officers with the skills and practice necessary to provide First Responder care in an austere, combat environment. Areas of instruction include: Advanced Trauma Management; Tactical and Preventive Medicine; Triage; Battlefield Wounds; and Casualty Care in a NBC environment. In addition, officers will be attending the **CHART** (Combined Humanitarian Assistance Response Training) in Maryland and the **JOMMC** (Joint Operations Medical Managers Course) in Texas. CHART participants will include officers from other Uniformed Services, governmental departments, multiple agencies, civilians, and non-governmental organizations. **To register for CCRF advanced coursework, go to the CCRF Web site at—http://teams.fema.gov/ccrf/2004_training.htm.**

CCRF Centrelearn Curriculum

Two new sessions have been added to the CCRF Centrelearn curriculum (#322 and #324) and one more is on the way (#512). Information regarding these sessions is posted on the Centrelearn site under the heading 'Announcements.' As planned, many of the online sessions have been updated. CCRF recommends that you view the sessions directly from the Centrelearn Web site rather than using a training CD in order to receive the most recent and up-to-date information. The Web site address is—<http://ccrf.umbc.edu/>.

Status of CCRF at Close of 2003

- Deployable officers in CCRF, January 1, 2003:
1,375 officers (23 percent of the Corps)
- Deployable officers in CCRF, December 31, 2003:
2,530 officers (43 percent of the Corps)

CCRF Missions in Calendar Year 2003

- State of the Union Address
- Rhode Island Night Club Fire

- Midwest Tornadoes – American Red Cross
- Hurricane Isabel – American Red Cross
- TOPOFF II Support
- Indian Health Service Support – Kotzebue, AK
- Typhoon Lupit – Micronesia
- Orange Security Threat – Washington, DC
- National Naval Medical Center – Bethesda, MD
- Fort Dietrich, MD – Smallpox Vaccinations
- Baghdad – Iraq Ministry of Health
- Orange Security Threat – New York City and Washington, DC
- Outbreak of Exotic Newcastle Disease
- Smallpox Vaccination Teams
- Water System Surveys for U.S. Forest Service
- Hurricane Isabel – HHS Support
- California Wildfires – American Red Cross
- West Virginia Floods – American Red Cross
- Strategic National Stockpile Support
- Quantico Marine Base
- Camp Lejeune – 2nd Marine Expeditionary Force
- Camp Pendleton – 1st Marine Expeditionary Force

Training Provided in Calendar Year 2003

<i>Classroom and Field Courses</i>	<i>Officers Served</i>
• CCRF Basic Courses (7 courses)	352
• Combined Humanitarian Assistance Response Training (CHART)	21
• Radiological Emergencies	55
• Forensic Odontology (AFIP)	30

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Commissioned Corps Readiness Force

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- Mass Vaccination and Prophylaxis Training 30
- Basic Life Support for Health Care Providers (27 courses) 251
- Combat Casualty Care Course (C4) 9
- Homeland Security Leadership Medical Executive Course 8
- Medical Management of Chemical and Biological Casualties (USAMRID) 6

Up to 60 CCRF Web-based training modules related to disaster preparedness and emergency response are available to officers. Most officer categories can receive continuing education credit through the University of Maryland for this course work.

Where We are Going

For 2004, CCRF offers advanced training courses in classroom and field settings. Many are in cooperation with Department of Defense (DoD) courses at DMRTI in San Antonio, the Center of Excellence in Honolulu, AFIP, USAMRID, AFRRRI, and REAC/TS. The Memorandum of Understanding with DoD training centers not only gives our officers access to excellent courses, but also promotes a spirit of oneness with our military counterparts. This relationship is enhanced via several CCRF deployments supporting overburdened DoD facilities because of Operation Iraqi Freedom. CCRF will offer respiratory fit testing for approximately 1,000 officers in 13 locations across the United States.

Join the PHS Pharmacist Listserv

All U.S. Public Health Service Commissioned Corps pharmacists are encouraged to join the Pharmacist Listserv for up-to-date details regarding pharmacy-specific information and to keep informed on issues impacting the Pharmacy category.

Visit the Pharmacist Professional Advisory Committee (PharmPAC) Web site to join the Listserv—<http://www.hhs.gov/pharmacy/listservs.html>.

Please relay this message to your civilian pharmacist co-workers. If you have any questions regarding the Listserv, please contact:

LCDR Mike Long
PharmPAC Communications Lead
Phone: 978-796-1560
E-mail: mzlong@bop.gov

Call for Nominations for Annual Pharmacist Honor Awards

The Awards Committee of the Public Health Service (PHS) Pharmacist Professional Advisory Committee (PharmPAC) announces the annual pharmacist honor awards. There are four awards:

U.S. PUBLIC HEALTH SERVICE ALLEN J. BRANDS CLINICAL PHARMACIST OF THE YEAR AWARD

This award recognizes the achievement of pharmacists in the PHS that provide traditional pharmaceutical services, with primary emphasis on activities accomplished within the past 18 months.

U.S. PUBLIC HEALTH SERVICE NON-CLINICAL PHARMACIST OF THE YEAR AWARD (WILL BE RENAMED TO HONOR MARY LOUISE ANDERSEN)

This award recognizes the leadership achievements of pharmacists in the PHS in non-traditional or administrative roles, with primary emphasis on activities accomplished within the past 18 months.

U.S. PUBLIC HEALTH SERVICE GEORGE F. ARCHAMBAULT CAREER ACHIEVEMENT AWARD IN PHARMACY

This award recognizes senior civil service (GS-11 and above) or commissioned corps (O-5 and above) pharmacists serv-

ing 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.

U.S. PUBLIC HEALTH SERVICE AWARD FOR MANAGERIAL EXCELLENCE IMPROVING PHARMACY SERVICE OR PUBLIC HEALTH

This award 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 the public's health through managerial excellence.

Details of the award criteria and nomination packets can be found on the award section of the PharmPAC Web site—<http://www.hhs.gov/pharmacy/award1.html>.

Please take the time to nominate deserving pharmacists, both civil service and commissioned corps, for these awards. The awards will be presented during the 2004 Public Health Professional Conference in Anchorage, AK. All nominations and appropriate documentation must be received no later than **March 1, 2004**.

For additional information or assistance, please contact:

LT Krista M. Scardina
PharmPAC, Vice Chair
Food and Drug Administration
Office of Generic Drugs
7500 Standish Place, HFD-600
Rockville, MD 20855
Phone: 301-827-5813
Fax: 301-594-0183
E-mail: scardinak@cder.fda.gov

RADM Paul J. Higgins Appointed Chief Medical Officer of the Coast Guard

RADM Joyce M. Johnson, who has served as the Coast Guard's Chief Medical Officer, retired on January 1, 2004.

CAPT Paul J. Higgins assumed the position of Chief Medical Officer of the Coast Guard effective January 1, 2004. As a result of the appointment, he was promoted to Rear Admiral (Upper Half).

PHS Historian Retires

Dr. John Parascandola retired as Public Health Service (PHS) Historian in the Department of Health and Human Services (HHS) on January 31, 2004, after more than 20 years in Federal service. In 1992, he became the first incumbent of the position of PHS Historian and he has overseen the initial development of this relatively new office. Prior to accepting this post, Dr. Parascandola served as Chief of the National Library of Medicine's History of Medicine Division (HMD) from 1983 to 1992. During his tenure at HMD, Dr. Parascandola significantly increased the application of computers and other technologies to the Library's historical collections, was notably active in promoting the Division's services to a wide variety of audiences, and developed a number of new scholarly programs. His contributions have been recognized by HHS through such honors as the Surgeon General's Exemplary Service Award (1989 and 1996), the Assistant Secretary for Health's Superior Service Award (1999), and the National Institutes of Health Merit Award (1988).

After receiving his Ph.D. in history of science from the University of Wisconsin-Madison in 1968, Dr. Parascandola spent a postdoctoral year at Harvard University. He then returned to Madison to teach history of pharmacy and history of science at the University of Wisconsin from 1969 to 1983. His research accom-

plishments have earned him several awards in the history of science and medicine, such as the Sidney M. Edelstein Award for Outstanding Achievement in the History of Chemistry from the American Chemical Society's History of Chemistry Division (2002). His book on "The Development of American Pharmacology: John J. Abel and the Shaping of a Discipline," published by the Johns Hopkins University Press in 1992, was awarded the George Urdang Medal for distinguished pharmaco-historical writing by the American Institute of the History of Pharmacy in 1994.

Dr. Parascandola plans to remain active in his chosen field by teaching, doing research, writing, lecturing, and consulting.

The Office of the PHS Historian will continue under the leadership of Dr. Alexandra (Lexi) Lord, who has served as Staff Historian in the office since July 2001. Dr. Lord earned her Ph.D. in history at the University of Wisconsin-Madison in 1995, and has taught previously at Montana State University and at the State University of New York at New Paltz. She may be reached by e-mail at alord@psc.gov and by phone at 301-443-5363. The address of the office is Room 18-23, 5600 Fishers Lane, Rockville, MD 20857.

Regional Science Fair Judges Needed

The District of Columbia (DC) Branch of the Commissioned Officers Association (COA) needs commissioned officers from all categories to serve as judges and award presenters.

The competition involves 13 regional fairs (Anne Arundel, District of Columbia, Fairfax, Howard, Loudoun, Montgomery, Northern Virginia, Prince George's/St. Mary's, Prince William-Manassas, Morgan State, Baltimore/Towson, Frederick, and Western Maryland) with submissions from approximately 450 public, private, and parochial schools (grades 6-12) throughout Maryland, Virginia, and Washington, DC.

The students are honored by the recognition, and the officer judges are rewarded by the refreshing and enthusi-

astic interaction with students and the experience of judging such high-quality and innovative projects. The presentation of awards and the interaction with students and parents results in positive visibility for the COA and the Public Health Service Commissioned Corps.

If you are interested in participating this year as a judge or awards presenter in the DC area, please contact either of the individuals listed below:

LCDR Thomas Hendricks
Phone: 301-827-8553
E-mail: thendric@cvm.fda.gov

LCDR Jacqueline Rodrigue
Phone: 301-443-0818
E-mail: Jrodrigue@hrsa.gov

CORRECTION

Commissioned Officer Compensation

The article titled "Commissioned Officer Compensation," on page 8 of the January 2004 issue of the *Commissioned Corps Bulletin*, contains an error.

In the section titled 'Changes in Retired Pay/Annuitant Compensation,' a statement was made that retirees who first became a member of a Uniformed Service before September 8, 1980, will receive a 2.1 percent cost of living adjustment (COLA) effective December 1, 2003, payable January 2, 2004. This only applies if those members' retired pay was based on rates of basic pay effective before January 1, 2003. If their retired pay was based on rates of basic pay effective January 1, 2003, the COLA is 1.7 percent.

The table (on page 8) shown for members who first became members of a Uniformed Service on or after September 8, 1980, is correct.

The Division of Commissioned Personnel apologizes for the error.

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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 active-duty officer and retired officers were recently reported to DCP:

<i>Title / Name</i>	<i>Date</i>
MEDICAL	
CAPTAIN	
William W. Niemeck	12/12/03
Joseph C. Sturgell	12/06/03
DENTAL	
COMMANDER	
Fred Banks	01/02/04
ENVIRONMENTAL HEALTH	
CAPTAIN	
John Rodak, Jr.	12/21/03
COMMANDER	
Lewis S. Colwell, Jr.	11/23/03

□

Retirements - January

Title/Name Agency/OPDIV/Program

MEDICAL

REAR ADMIRAL (UPPER)

Joyce M. Johnson DHS

CAPTAIN

John R. Livengood CDC

David J. Lipman NIH

Ileana R. Hawkins IHS

Richard L. Hays IHS

Frank D. Sacco IHS

Kermit C. Smith IHS

Kenneth M. Yamada NIH

Kevin S. Yeskey DHS

COMMANDER

Angel Gonzalez-Carrasquillo SAMHSA

DENTAL

CAPTAIN

Randy G. Alkire IHS

Scott Bingham IHS

William E. Evans DHS

David L. Harris BOP

Steven R. Newman DHS

NURSE

CAPTAIN

Larry D. Dille BOP

Carnie A. Hayes, Jr. HRSA

COMMANDER

Barbara A. Isaacs IHS

ENGINEER

CAPTAIN

Stephen C. James EPA

Paul J. Liebendorfer EPA

Alessi D. Otte EPA

SCIENTIST

CAPTAIN

Duane J. Gubler CDC

William A. Kachadorian NIH

ENVIRONMENTAL HEALTH

CAPTAIN

John J. Hanley NPS

PHARMACY

CAPTAIN

Rodney W. Hill IHS

Halron J. Martin BOP

THERAPY

CAPTAIN

Charlotte B. Richards IHS

HEALTH SERVICES

REAR ADMIRAL (UPPER)

Anna J. Albert IHS

Richard C. Bohrer HRSA



Commissioned Officer Training Academy

The Commissioned Officer Training Academy (COTA) is looking forward to continuing our service and undertaking new opportunities that are presented during 2004. COTA commends all officers who have attended or plan to attend the Basic Officer Training Course (BOTC); brought a class to a site; helped with funding, packing and unpacking; shared information; sung the PHS March with enthusiasm; provided 'Class Reflections'; or marched in a Class Color Guard.

At the end of December 2003, a total of 1,812 officers on active duty and 44 in the Inactive Reserve Corps completed the BOTC, and 1,111 officers were awarded the PHS Commissioned Corps Training Ribbon by successfully completing the Web-based Independent Officer Training Course.

The COTA Web pages can be found on the DCP Web site at—<http://dcp.psc.gov>—select 'Training.' Information, including future classes, can be found at this site by selecting the appropriate option on the left side.

2003 Class Photos on Commissioned Corps Bulletin PLUS

A BOTC class picture with a brief summary was made for each class during 2003 (except the August 27-29 class). The photos and summaries can be found on the DCP Web site—<http://dcp.psc.gov>—select 'Publications' and then 'Commissioned Corps Bulletins PLUS,' February 2004 issue.



D/N PAC Announces 2004 'Dietitian of the Year'

Ms. Karen Donato, MS, RD, has been named 'Dietitian of the Year' for 2004 by the Dietitian/Nutritionist Professional Advisory Committee (D/N PAC).

Ms. Donato is a civil service employee with the National Institutes of Health (NIH), and has demonstrated commitment to the public health of the United States through her leadership on numerous projects, dedication to achieving outcome goals, collaboration with major health organizations, and innovative approaches to getting the job done.

From 1980 to 1994, Ms. Donato served as chairperson of the NIH Subcommittee on Nutrition Education. In 1990, she became the Coordinator of Nutrition

Education and Special Initiatives, National Heart, Lung, and Blood Institute (NHLBI), NIH. Currently, she is the Coordinator of the NHLBI Obesity Education Initiative.

Ms. Donato's outstanding work with NHLBI to reduce disease morbidity and mortality through a national education risk reduction program is a prime example of the significant contribution and impact that dietitians can make to improve the health of the Nation. D/N PAC is proud that Ms. Donato is a member of our team of professionals dedicated to improving the health of the Nation through healthful diet, and congratulates her on her many accomplishments.



United States Public Health Service
Commissioned Corps



Seamen's Hospital Lahaina, (Maui) Hawaii, an Early Public Health Service Hospital

Submitted by: *RADM Jerrold M. Michael, USPHS (Ret.)*
Professor of Global Health, George Washington University, Washington, DC

The historic stone building on upper Front Street in Lahaina on the island of Maui in Hawaii, now known as the Old Seamen's Hospital, later a hospital of the U.S. Marine Hospital Service, was originally built on the sly for Hawaiian King Kamehameha III, a decade before it was put to use as a medical facility.

Lockwood and Rosie Frost in their 1975 study of the then yet to be restored U.S. Public Health Service Hospital noted that "While the stones and mortar of an old building have an intrinsic value and interest of their own, it is the people who built, lived, and worked there and the events that took place in and around them, that give them real historical importance. In this respect, the Seamen's Hospital has an unusually rich heritage."

The Frosts' research revealed that the building had been erected years earlier than at first suspected, and not initially as a hospital. Instead, it was part of "a certain teenage defiance" on the part of the young Hawaiian King, who was still subject to control by the Hawaiian chiefs and especially by his elder half sister, Kinau, the "kuhina nui" or regent. Although the King himself had just declared an end to his minority in 1833, he was having a tough time making it stick. He had not yet assumed his full royal powers. And one of the problems was the fact that a number of foreign Honolulu merchants had befriended him, obviously to serve their own purposes. These foreigners, mostly Americans, influenced him greatly and encouraged his defiance of the chiefs. In particular, the teenage King enjoyed the counsel of a merchant named William French, and he could often be found at his store.

The King had decided to return to Lahaina, but until his half sister decided he was 'a good boy,' he needed extra income. At the time of the King's departure for Lahaina, according to the Frosts' research, this agreement was written:

"Agreement made and concluded this 16th day of July 1833 between the King of the Sandwich Islands and Ah Chon, a Chinese residing at these Islands. Witnesseth that the said Kauai Keaouli (Kamehameha III) agrees to build a

house at the Island of Maui and fence the same in for the purpose of keeping a house to accommodate Masters and officers of whale ships, the household furniture, and cooking utensils to be furnished by Ah Chon, and the profits which may arise in the establishment to be equally divided by the said parties.

Signed
 A Chon (His X Mark)
 Witness – Wm French"

The property, upon which the future Seamen's Hospital was to be built, is known in old records as Moanui. The house was built without the knowledge of the chiefs. At least, it is doubtful if they knew of the King's involvement. The King owned the land at Moanui, and it was far enough from the Waiola Church, the residences of Maui Governor and strict Christian standards, and the other chiefs so that it would not be subject to their constant surveillance.

The signature of Mr. French as witness to the agreement of construction is significant. The agreement was undoubtedly made in his store, where the King was spending much of his time. Ah Chon must have been one of several Chinese immigrants who had been working for Mr. French.

Furthermore, if Mr. French saw an opportunity of providing the 'ardent spirits' and other items to be sold at the store, his share of the profit could exceed that of either the King or Ah Chon. For that reason he could build the house without cost to the King, who from experience, had learned that his chances of eliciting funds from sister Kinau for such a purpose were slim.

Of interest is the fact that the Bishop Museum of Honolulu excavated the site prior to the reconstruction of the hospital and uncovered a skeleton buried under a cornerstone, a sure indication of use of the building by 'Alii' or royalty. No one knows if the skeleton is of someone who had died anyway, or if a Hawaiian of 1833 had the misfortune of being specially chosen for the task of guarding the King's beach front home with his spirit.

The early 1800s in Hawaii was a period when the forces of the Protestant mission still were subject to the whims of the Alii. For his part, the King had a decided preference for a social structure that followed ancient patterns as opposed to the moral laws developed under missionary influence.

Among other persons to attract the King's attentions was his own sister, Nahienaena of Maui. Historians note that the missionaries were very much aware of the attraction and did their best to keep Nahienaena well away from her brother.

The missionary attempts to maintain their form of morality among the royalty failed, and the records show that Nahienaena became pregnant in 1835, apparently as a result of liaisons with her brother.

The child died shortly after birth in 1836, and Nahienaena, described by Gavan Daws, a Hawaiian historian, as "obese, debauched, diseased and guilt stricken," followed by the end of the year. A grieving King took to making annual visits to Lahaina to be close to her tomb.

In the 1840s, the whaling industry focused attention on the relatively calm waters off Lahaina. According to historian, Gavan Daws, that was partly because white potatoes were being grown on Maui, and the whaling men preferred the white potato to the Hawaii sweet potato grown on the other islands.

The protected Lahaina harbor also gained in attraction because Maui's Governor Hoapili died, and with him died the Christian influence on the Maui government. In 1846, some 600 whaling ships made port in Hawaii with reports of heavy competition between Honolulu and Lahaina for which could supply the most in debauchery. In 1837, the house was given by the King to one Joaquin Armas as a reward for years of faithful service by this Mexican, who had lived on the Big Island of Hawaii taking care of the King's cattle on what is now, for the most part, the famous Parker Ranch.

Armas lived in the house for a short time and must have been there in

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Seamen's Hospital Lahaina, (Maui) Hawaii, an Early Public Health Service Hospital

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January of 1841 when Father Maigret and Father Denis Maudet made a short stay at Lahaina. The first Catholic Mass ever celebrated on the Island was in that house on January 24, 1841.

Joaquin Armas eventually returned to the Monterey Bay area of California, and his last will shows that he was renting his building to a doctor for 500 pesos a year.

Because of a 'quirk' in the law, the provisions of the July 16, 1798 Federal Act—the beginning of the U.S. Public Health Service—did not cover the seamen aboard whaling ships. They could not have the required 20 cents per month deducted from their pay to receive health care because they received a percent of the profits of a voyage.

Whaling seamen who were sick were left in the care of American consul. It was necessary for the captain (of a whaling ship) to deposit with the consulate an amount equal to 2 months pay for the health care of the seaman and his return to the United States—sort of severance pay.

In December of 1841, Kamehameha III officially asked the United States to "appoint an officer whose duty it shall be to regulate and adjust any health difficulties which may arise among seamen in Lahaina."

About 3 years later in 1844, the King gave up his hideaway with a lease granted to a representative of the American government for the U.S. Marine Hospital. In 1845, a Dr. Wood at the hospital listed the common ailments treated at the Lahaina hospital as: Accidental injury (to which whale men were particularly exposed), rheumatism, syphilis, scurvy, dysentery, bronchitis, and later consumption or tuberculosis.

In 1850, a Dr. James was put in charge of the hospital and large numbers of patients were recorded in his records. In addition to the main hospital building, four smaller buildings existed behind the one that now remains. This is how a reported 80 to 100 seamen could be cared for at once—a number which perplexed

earlier researchers who wondered how so many people could have been crowded into the one building.

The bringing in of the Drake oil well in Pennsylvania in 1859, and the use of whaling ships, some scuttled, to block harbors in the Civil War, ended the big whaling fleets that called at Lahaina. Only 12 whaling ships and 4 merchant ships called at Lahaina in 1862.

On September 10, 1862, the doors of the U.S. Seamen's Hospital at Lahaina were officially closed and sick and destitute seamen thereafter were sent to Honolulu for care under the direction of U.S. Consulate there.

The building became a boarding school under Episcopal Archdeacon George Mason in 1864, who paid \$100 a year to lease it. Then it became known as St. Cross School and was run by Episcopalian sisters whose worldwide leader was the Reverend Mother Lydia Sellon, who had worked as a nurse with Florence Nightingale in the Crimean War. 'Miss Sellon', as she was referred to, actually visited the Lahaina establishment. Some of her interest in Honolulu came as a result of a visit with her in England by Hawaiian Queen Emma.

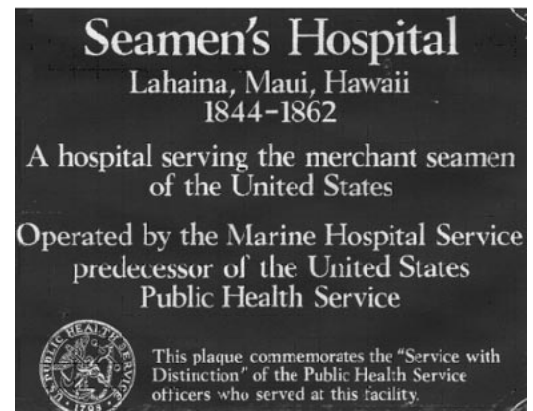
Two ministers were later to take up residence in the building. The Reverend William Ault moved there in 1897, making badly needed repairs and modifications. In 1901, the Reverend Albert Weymouth made his home in the structure until he retired in 1908. In that year, the church exchanged the site with a Hawaiian trust, the Bishop Estate, with the estate renting the building out as a home or meeting room.

The last use of the building was as a meeting room for Lahaina groups. Well before the collapse of the walls, though, the building had been sitting unoccupied, being condemned as unsafe by building officials.

When the Lahaina Restoration Foundation acquired the building from the Bishop Estate in 1975, it was a prime candidate for restoration because of its

historic significance. Without restoration, it was going to collapse. The building was restored at a cost of approximately \$300,000. The Foundation maintains ownership of the facility and leases it out to appropriate tenants. The current tenant is Paradise Television.

On April 12, 1982, Hawaii's U.S. Senator Spark Matsunaga, U.S. Public Health Service (PHS) Assistant Surgeon General Sheridan Weinstein, and PHS Assistant Surgeon General (Ret.) Jerrold M. Michael, Dean of the University of Hawaii's School of Public Health, dedicated a plaque on the front wall of the reconstructed hospital. It is reproduced below.



On February 23, 1989, on the occasion of the centennial of the Commissioned Corps of the U.S. Public Health Service, the building was rededicated by Surgeon General C. Everett Koop and Deputy Surgeon General Faye Abdellah, along with a number of active-duty and retired officers including Assistant Surgeon General (Ret.) Jerrold M. Michael. RADM Michael later remarked that, "The Surgeon General impressed upon the officers and visiting dignitaries present that this building reminds us of the long history of commitment to the better health of our Nation and the world community through the dedicated service of the commissioned officers of the U.S. Public Health Service. What is past is a hallmark of a standard of professionalism that will continue to serve our great Nation."

(Continued on page 12)

Seamen’s Hospital Lahaina, (Maui) Hawaii, an Early Public Health Service Hospital

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This photo was taken on February 23, 1989, at the Seamen’s Hospital Lahaina, (Maui) Hawaii. Pictured left to right: CAPT Leonard Bachman, CDR Steven Moore, Deputy Surgeon General RADM Faye Abdellah, and Surgeon General VADM C. Everett Koop.

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