



Commissioned Corps BULLETIN

U.S. Department of Health and Human Services

Vol. XVIII, No. 11

November 2004

Surgeon General's Column

In October, Secretary Thompson and I launched the first-ever Surgeon General's Report on bone health and osteoporosis. I want to ask each of you to use the information in the Report and in the corresponding public education materials to help improve the bone health of all Americans. Please see <http://www.hhs.gov/surgeongeneral/library/bonehealth> for a wealth of information.

Secretary Thompson and I were joined at the launch by the editors of the Report, Dr. Joan McGowan of the National Institutes of Health's National Institute of Arthritis and Musculoskeletal and Skin Diseases, Dr. Lawrence Raisz of the University of Connecticut Health Center, and CAPT Allan Noonan of the Office of the Surgeon General. We are truly grateful for their leadership. I also want to thank the hundreds of dedicated scientists, clinicians, advocates, and public health professionals who helped us gather and analyze the best scientific data available, and develop recommendations to promote better bone health.

The following is an excerpt from the remarks I gave at the launch.

LAUNCH OF "BONE HEALTH AND OSTEOPOROSIS: A REPORT OF THE SURGEON GENERAL"

October 14, 2004, Hubert H. Humphrey Building, Washington, D.C.

Thank you for being here today to help us launch the first-ever Surgeon General's Report on bone health and osteoporosis. This report on bone health and osteoporosis follows in the tradition of Reports from my 16 predecessors in

this office. It identifies the relevant scientific data, rigorously evaluates and summarizes the evidence, and determines conclusions. It is a starting point for even more concentrated national action to understand, prevent, diagnose, and treat bone diseases.

Scope

The risks associated with poor bone health are high. By 2020, half of all American citizens older than 50 will be at risk for fractures from osteoporosis and low bone mass if no immediate action is taken by individuals at risk, health care professionals, health systems, and policymakers. Ten million Americans over the age of 50 have osteoporosis, the most common bone disease, and another 34 million are at risk for developing osteoporosis. Each year, roughly 1.5 million people suffer a bone fracture related to osteoporosis and approximately 20 percent of senior citizens who suffer a hip fracture die within a year of the fracture.

These numbers alone are enough to raise concern. But let's also consider the financial burden of bone disease. Caring for bone fractures from osteoporosis costs America at least \$18 billion a year in direct medical costs.

Thirty years ago, when I was a young medical student, we all believed that weak bones and osteoporosis were a natural part of aging. Today we know that we can do a lot to prevent bone disease.

"Osteoporosis isn't just your grandmother's disease."

The good news is that you are never too old or too young to improve your bone

health. With healthy nutrition, physical activity every day, and regular medical check-ups and screenings, Americans of all ages can have strong bones and live longer, healthier lives. And if it's diagnosed in time, osteoporosis can be treated with new drugs that help prevent bone loss and rebuild bone before life-threatening fractures occur. We need to communicate these facts to all Americans.

Improving Health Literacy

We need to close the gap between what health professionals know about bone health, and what most Americans understand. I am working hard to improve Americans' health literacy—the ability of an individual to access, understand, and use health-related information and services to make appropriate health decisions.

We have developed a companion piece to the Report for non-scientists who may not be interested in reading the 400-page

(Continued on page 2)

IN THIS ISSUE . . .

Moving Toward a New Automated Commissioned Corps Personnel and Payroll System	3
Corps Officers Attend MMCBC Course	4
COSTEP Deadline Dates	7
TSP Open Season	7
Office of Force Readiness and Deployment	8
Corps Officers Deploy to Indian Country	9
Corps Officers Deploy with U.S. Department of State	10

Surgeon General's Column

(Continued from page 1)

full Report. This little magazine is a plain-language guide to help people understand what the report says and what it means to them. We call it the People's Piece. It answers the most commonly asked questions about how to develop and maintain healthy bones. The People's Piece is available via a toll free number (1-866-718-BONE) and on our Web site at www.surgeongeneral.gov.

Recommendations

If we can spread three simple recommendations about bone health, we can save lives, reduce suffering, and avoid billions of dollars in future health care costs.

- First, get the recommended amounts of calcium and vitamin D. High levels of calcium can be found in milk, leafy green vegetables, soybeans, yogurt, and cheese. Vitamin D is produced in the skin by exposure to the sun and is found in fortified milk and other foods. For individuals who are not getting enough calcium and vitamin D in their diet, supplements may be helpful. The average adult under age 50 needs about 1,000 mg of calcium per day and 200 International Units of Vitamin D.
- Second, maintain a healthy weight and be physically active. That means at least 30 minutes a day for adults and 60 minutes a day for children, including weight-bearing activities to improve strength and balance.
- Third, take steps to minimize the risk of falls. Remove items that might cause tripping, improve lighting, and get regular exercise to improve balance and coordination. Vision tests and other medical assessments are also important to make sure that impaired vision doesn't lead to falls.

In the Report we also call upon health care professionals to help Americans maintain healthy bones by looking for 'red flags' that may indicate that someone is at risk. These include people who are under age 50 who have had

multiple fractures, or patients who take medications or have a disease that can lead to bone loss. Health care professionals should recommend bone density tests for women over the age of 65 and for any man or woman who suffers even a minor fracture after the age of 50.

However, individuals and health care professionals acting alone will not make a long-term, sustainable difference. A coordinated public health approach that brings together public- and private-sector stakeholders is the most promising strategy.

We are asking everyone to join together to promote bone health by increasing awareness, promoting lifestyle changes, and defining and implementing treatment options for people of all ages. Everyone has a role to play in improving bone health. Let's get started by taking action today in homes, health care settings, and communities across our Nation. Remember, you are never too old or too young to improve your bone health.

VADM Richard H. Carmona
Surgeon General



PHS Officers Attend American Red Cross Emergency Response Course

The Fort Defiance Indian Hospital sponsored an American Red Cross (ARC) Emergency Response Course in September 2004. Public Health Service Commissioned Corps officers delighted their instructor, Mr. Jim Stephens of First2Aid, with a 100 percent pass rate.

The 45-hour course provided eight officers with ARC Emergency Response and CPR/AED-Professional Rescuer cards, and Emergency Oxygen Administration and Bloodborne Pathogens cards from the American Safety and Health Institute.



(Pictured left to right) LT Ricardo Varela; CDR Tom Plummer; LCDR Mike Faz; LCDR Ricardo Murga; LCDR David Tibbs; LTJG Darlene Stephens; CDR Siona Willie; LT Malini Krishnan; Mr. Jim Stephens (Instructor; first2aid.com).



Moving Toward a New Automated Commissioned Corps Personnel and Payroll System

Submitted by CAPT Barry Bragin, USPHS (Ret.)

This is the first in a series of articles designed to keep active-duty officers, retirees, and annuitants aware of upcoming IT changes planned for Public Health Service Commissioned Corps payroll processing.

Over a quarter century ago, officers and civilians working for what was then called CPOD (Commissioned Personnel Operations Division) designed and implemented the Government's first automated, integrated, personnel and payroll system. Using cutting-edge technology (something called a 'minicomputer' from Wang corporation) and new advances in software design (capturing data interactively on full-screen displays), IT professionals and military pay specialists combined their talents to produce an effective and reliable system that, with very slight modifications, is still churning out timely and accurate monthly payrolls and the myriad of related outputs (earnings statements, Federal and State taxes, banking and other financial transactions, bonds, Thrift Savings Plan contributions, payments to charities, etc.). The design we came up with was used as the basis for the Department of Health

and Human Services' civilian personnel processing for over 20 years as well as personnel and payroll systems employed by the U.S. Coast Guard.

However, the time has come for a change. Not only is there considerable risk relying on such antiquated hardware technology, the human resources that have been maintaining the software and running the production processes are either retired or contemplating retirement. It is very hard to recruit young IT professionals to an office with the job of maintaining millions of lines of Wang COBOL code.

Earlier this year, the Program Support Center began the procurement process to find a vendor who could take on this responsibility for the foreseeable future. Many companies expressed interest, proposals were received and reviewed for technical merit and cost value, and in late September, CIA Corporation, partnering with Lyceum Corporation, was awarded the contract. They are in the early stages of requirements gathering and project planning, but there are a few items that I can pass onto you even at this point in the process:

- The system will be implemented some time in 2005.
- It will be fully Web-based and available through the existing Commissioned Corps Management Information System home page.
- There will be a self-service module that will allow recipients significant control of the distribution of their gross pay (W-4, State tax, allotments, net check to bank, etc.).
- Leave management will be fully integrated and an online leave and earnings statement will be available for viewing and printing.

In the months ahead I will keep you posted as to the progress being made and how the new system will improve your payroll support. If you have specific comments, suggestions, or concerns, please send them to a specific e-mail account—ccpayroll@psc.gov—we have set up for you to use. Every submission will get a reply and those that have general applicability will be used for a FAQ feature in future *Commissioned Corps Bulletin* articles.

□

Hispanic Officers Advisory Committee's Call for Nominations for the Juan Carlos Finlay Award

The Juan Carlos Finlay Award was established by the Hispanic Officers Advisory Committee (HOAC) to honor individuals, organizations, and groups who through work performance and other activities have demonstrated leadership in the development of programs, methods, or initiatives that improve health services for Hispanics. This award was named after Juan Carlos Finlay (1833-1915), a Cuban physician and epidemiologist who discovered that the mosquito was the vector of "fiebre amarilla" or yellow fever.

Nominations for the Juan Carlos Finlay Award should describe the specific accomplishments of the candidate (individual or organization) in one or more of the following areas:

- (1) leadership in their area of expertise as it pertains to Hispanic health care issues;
- (2) accomplishments in Hispanic health care development, management, and/or improvement; and/or
- (3) organization and/or implementation of activities/programs that significantly improve Hispanic access to health care and health care services.

Nominations may be submitted by the Department's Operating Divisions (OPDIVs) and regional offices, private nonprofit groups, and others with special knowledge of Hispanic health issues and programs. Each nomination must be signed by the individual making the nomination, and in the case of

an OPDIV or organization, the head of the OPDIV or organization should sign, and only one nominee should be submitted by each. Endorsements are encouraged since they provide verification and support. Nominations are due by **November 19, 2004**.

To request a nomination packet or if you need additional information, please contact:

Ms. Lisa Flach
HOAC Award Committee
5600 Fishers Lane, Room 9A-27
Rockville, MD 20857

Phone: 301-443-8646
E-mail: lflach@hrsa.gov

□

New JOAG Membership and Executive Committee Selected

The Junior Officer Advisory Group (JOAG) recently held elections for the Executive Committee for the 2004-2005 year. The JOAG advises to the Office of the Surgeon General, Chief Professional Officers (CPOs), and Professional Advisory Committees. The following officers were selected:

- Vice-Chair: LCDR Janis Armendariz, Dietitian category, Food and Drug Administration (FDA)
- Secretary: LCDR Jackie Kennedy-Sullivan, Nurse category, DoD/Tricare Management Agency (TMA)
- Chair-Elect: LT Claudine Samanic, Health Services category, National Institutes of Health (NIH)

This year's Chair is LT Michelle Colledge, Health Services category, Agency for Toxic Substances and Disease Registry (ATSDR). She served the previous year as the Chair-Elect.

New voting members were also recently selected for the 2004-2006 term. They have been endorsed by their respective CPOs and agencies. They are:

- LCDR Nasser Mahmud – Pharmacist category, FDA
 - LCDR Jeff Richardson – Therapy category, Indian Health Service (IHS)
 - LCDR Joshua Schier – Medical category, Centers for Disease Control and Prevention (CDC)
 - LCDR Geoff Wachs – Engineer category, IHS
 - LT Jane Bleuel – Dental category, IHS
 - LT Michelle Colledge – Health Services category, ATSDR
 - LT Ted Hall – Pharmacist category, IHS
 - LT Carrie Oyster – Environmental Health category, Office of the Secretary (OS)
 - LT Sheila Ryan – Pharmacist category, FDA
- The returning members of JOAG are:
- CDR Robert Newman – Medical category, CDC
 - LCDR Nelson Adekoya – Scientist category, CDC

- LCDR Mark Agnello – Health Services category, OS
- LCDR Janis Armendariz – Dietitian category, FDA
- LCDR Jackie Kennedy-Sullivan – Nurse category, DoD/TMA
- LCDR Brenda Ross – Nurse category, Program Support Center
- LCDR Bobby Villines – Environmental Health category, IHS
- LCDR Allison Williams – Veterinary category, CDC
- LT Laura Longstaff – Nurse category, NIH
- LT Claudine Samanic – Health Services category, NIH
- LT Nancy Tone – Nurse category, IHS

The JOAG Senior Advisor is CAPT John Steward – Environmental Health category, CDC

Congratulations to the above officers!



PHS Officers Attend the Medical Management of Chemical and Biological Casualties Course at Fort Detrick and Aberdeen Proving Ground

Submitted by LCDR Laura Pincock

From September 12 through 17, 2004, as Hurricane Ivan set its path for the United States, nine U.S. Public Health Service (PHS) Commissioned Corps officers attended a U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) / U.S. Army Medical Research Institute of Chemical Defense (USAMRICD) training course for medical and public health professionals. We watched television for updates on Ivan in between didactic lectures, case discussions, laboratory exercises, and field exercises. As the immediate threat of the hurricane came upon our fellow Americans, leaving wide areas of devastation with uncertainty, we watched with apprehension and a dawning understanding of the looming public health crisis. As public health officers, we had vowed to protect the health of the American people. In our minds, Hurricane Ivan loomed large, yet we were currently preparing for different threats to the United States,

possibly as imminent as Ivan and potentially just as deadly.

We hear daily that terrorists are working to obtain chemical, biological, radiological, and nuclear weapons and that the threat of an attack on our homeland is very real. Whenever possible, preventing such an attack is the best defense. However, when an attack has already occurred, our preparedness will make the difference between a tragedy and an overwhelming disaster. Preparedness is important for a natural disaster such as a hurricane, and it is absolutely imperative for a biological or chemical attack to prevent an escalation or perpetuation of events. As PHS officers, we have the privilege of attending courses to prepare for situations that were not addressed in our professional education programs. The Medical Management of Chemical and Biological Casualties (MMCBC) course offered by the U.S. Army is an excellent opportunity to gain knowledge and experience in these situations.

The MMCBC course is offered as advanced training for PHS officers through the Office of Force Readiness and Deployment (OFRD). Healthcare professionals and administrators from the Armed Forces, Uniformed Services, and the civilian sector may apply. The course focuses on battlefield situations; however, as demonstrated from our current world situation, terrorists have made any location a potential battlefield—from the local post office, to government buildings, to embassies, to the World Trade Center. The medical management of chemical and biological casualties remains similar, regardless of where the attack occurs.

The first 3 days of the course at USAMRIID comprise management of biological casualties. USAMRIID is located at Fort Detrick in Frederick, MD, and prior to 1969, was the home of the U.S. Offensive Biological Warfare Program. In 1969, the offensive program was

(Continued on page 5)

PHS Officers Attend the Medical Management of Chemical and Biological Casualties Course at Fort Detrick and Aberdeen Proving Ground

(Continued from page 4)

terminated and subsequently, research at USAMRIID has been limited to defensive measures.

The USAMRIID portion of the course provides didactic lectures covering the historical uses of biological weapons, and the current bacterial and toxin threats, including prophylaxis, treatment, epidemiology and surveillance, immunization/antidotes, laboratory testing, and identification of these agents. Students participate in scenarios and case presentations covering the medical management of these casualties in the field as well as in health care facilities. Other topics that are covered include the biological weaponization of agents, likely scenarios for their use, the threat of food and waterborne terrorism, and the psychological aspects of biological warfare. Students tour the USAMRIID facilities and orient to the required equipment for a laboratory with biocontainment level (BL) 3 or 4 agents, such as the Ebola virus. Students also orient to the aeromedical isolation team and care unit where persons are isolated after exposure to one of these agents.

The final 3 days of the course comprise management of chemical casualties. USAMRICD is located at Aberdeen Proving Ground in Aberdeen, MD. The United States does not have an offensive chemical agent program; current research is

limited to defensive medical and equipment countermeasures against chemical warfare agents. Both of the Army Medical Research Institutes realize that education in an important part of any defensive program, and therefore offer the MMCBC course.

The USAMRICD portion of the course provides didactic lectures covering the historical uses of chemical weapons, and the current chemical threats, including prevention, treatment, surveillance, antidotes, laboratory testing, and identification of these agents. Students participate in field training exercises using mission-oriented protective posture (MOPP) and the components of the protective chemical ensemble gear (M40 mask and suit). One field training exercise has students practicing the principles of personal protection, triage, treatment, and decontamination of chemical casualties while operating in a contaminated environment. Students are presented with the field management of chemical casualties under various likely scenarios. Additionally, students participate in a laboratory exercise to evaluate and treat a primate exposed to a stimulant nerve agent.

For this officer, the knowledge and experience gained at the MMCBC course created a renewed appreciation for our uniformed officers overseas who must

concern themselves with the constant threat of an attack. One course instructor told stories about his recent deployment in the Middle East when he wore the mask and full protective gear for hours, even days, in the desert heat. He slept wearing his gear. Upon hearing about their experiences, our challenge of completing several field exercises in full gear became more tolerable. After 6 days, I left the program with an increased awareness of how to recognize an attack, activate the appropriate response personnel to investigate the event, treat casualties, and prevent the spread of disease. I would encourage all PHS officers to broaden their personal and professional preparedness by attending the MMCBC course.

The OFRD will send PHS officers to attend the MMCBC course. It is offered eight times per year at Fort Detrick, MD, and Aberdeen Proving Ground, MD. Further information and course prerequisites for OFRD are available on the Web at <http://ccrf.hhs.gov/ccrf/training.htm>.

Additional information about the program is also available at the Army Medical Research Institute Web sites.

- USAMRICD:
<https://ccc.apgea.army.mil/>
- USAMRIID:
<http://www.usamriid.army.mil/>



The following nine U.S. Public Health Service Commissioned Corps officers were among the 45 attendees at the MMCBC course held in September 2004: CAPT David Forsythe (Nurse officer), CDR Steven Brockett (Dental officer), CDR David Frucht (Medical officer), CDR Calman Prussin (Medical officer), CDR Tejashri Purohit-Sheth (Medical officer), CDR Jeffrey Salvon-Harman (Medical officer), CDR Eric Wassermann (Medical officer), LCDR Laura Pincock (Pharmacist officer), and LT Daniel Nguyen (Pharmacist officer) □

Commissioned Corps Awards Board

LCDR DEBRA GRECO, Food and Drug Administration (FDA), was awarded the Public Health Service Meritorious Service Medal for her achievements in conducting a high profile inspection of a manufacturer of Class III medical devices. The firm manufactures and distributes over one million intraocular lenses per year worldwide to physicians for implantation. While conducting an independent inspection at a contract laboratory servicing the device manufacturer, LCDR Greco discovered significant safety and effectiveness issues with the chemical composition of the lens and its effect on the body. LCDR Greco pursued her concern at the medical device manufacturer and discovered the firm's Collamer intraocular lens and associated injector

cartridge devices were causing patient blindness, blurred vision, and capsule tears, which posed a significant safety and health risk to the public.

LCDR Greco's inspectional thoroughness and persistence uncovered a serious situation with processing, chemical testing, and design of the firm's lenses that were being implanted in sensitive and elderly patients. The Collamer intraocular lens is made of a chemical substance called HEMA which causes severe allergic reactions in the eye and is considered toxic to the body. LCDR Greco thoroughly investigated the firm's laboratory methods and determined the toxic substance in the lens had not been identified fully and the associated risks had not been reported to FDA.

The firm had knowledge of serious injuries attributed to the use of their Collamer intraocular lens and injectors, but failed to report over 3,000 significant adverse events of spontaneous rotation, blurred vision, and blindness from domestic and international physicians. LCDR Greco discovered the firm made no efforts to withdraw from market these devices or to notify 100,000 health care providers of known problems associated with the Collamer lens.

LCDR Greco demonstrated exceptional regulatory and problem solving skills in conducting this inspection. Her initiative and dedication to her work and the agency was demonstrated throughout this complex and difficult inspection. The

(Continued on page 7)

Recent Calls to Active Duty

<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>
MEDICAL		Charles P. McGee	HRSA	Chandima B. Deegala	IHS
<i>LIEUTENANT</i>		Batavia, NY		Shiprock, NM	
Garth N. Graham	OS	<i>LIEUTENANT J.G.</i>		Thang X. La	IHS
Washington, DC		Tiffany May G. Moore	IHS	Zuni, NM	
Joan C. Han	NIH	Santa Fe, NM		Ben J. Peacock	IHS
Bethesda, MD		ENGINEER		Crownpoint, NM	
DENTAL		<i>LIEUTENANT</i>		William F. Pierce	FDA
<i>LIEUTENANT COMMANDER</i>		Duane R. Hammond	CDC	Rockville, MD	
Ian M. Kott	IHS	Cincinnati, OH		Kendra C. Worthy	FDA
Sitka, AK		<i>LIEUTENANT J.G.</i>		Rockville, MD	
<i>LIEUTENANT</i>		Benjamin R. Chadwick	IHS	THERAPY	
Margaret A. Facenda-McNeill	DHS	Manlius, NY		<i>LIEUTENANT</i>	
Portsmouth, VA		SCIENTIST		Alicia R. Souvignier	IHS
Paul K. Taylor	IHS	<i>LIEUTENANT</i>		Shiprock, NM	
Winnebago, NE		Vincen G. Barnes	IHS	HEALTH SERVICES	
NURSE		Belcourt, ND		<i>LIEUTENANT</i>	
<i>LIEUTENANT COMMANDER</i>		ENVIRONMENTAL HEALTH		Michael J. Belgarde	IHS
Cheryl L. Peterson	IHS	<i>LIEUTENANT</i>		Bemidji, MN	
Phoenix, AZ		Christianna L. Zerbe	CDC	Leah L. Ferrier	IHS
<i>LIEUTENANT</i>		Atlanta, GA		Redlake, MN	
Rachel C. Bodeen	IHS	<i>LIEUTENANT J.G.</i>		Glenn V. Janzen	IHS
Anchorage, AK		Christopher D. Dankmeyer	IHS	Bemidji, MN	
Darin L. Burns	IHS	Dillingham, AK		Kimberly A. Kempisty	IHS
Santa Fe, NM		PHARMACY		Nespelem, WA	
Ramona D. Helms	BOP	<i>LIEUTENANT</i>		Kimberly B. McIntosh-Little	OS
Butner, NC		David E. Araujo	FDA	Rockville, MD	
Christopher J. Howard	NIH	Rockville, MD		<i>LIEUTENANT J.G.</i>	
Bethesda, MD		Aleta B. Bosley	IHS	Julia H. Bryan	HRSA
Aldrin J. Jaranilla	NIH	Gallup, NM		Bethesda, MD	
Bethesda, MD				Patricia M. Nickell	IHS
				Parker, AZ	

□

Commissioned Corps Awards Board

(Continued from page 6)

Center of Devices and Radiological Health (CDRH) initiated actions against the firm resulting in a worldwide Product Alert for HEMA lenses; the firm recalled two different lens injectors sold in 13 different countries; and CDRH withheld the approval of the firm's pre-marketed application for a new lens made from the same material. The firm was required to report to FDA all 3,000 unreported adverse events relating to the Collamer intraocular lens and associated

injectors. Locally, the firm received a Warning Letter for Quality System Regulation deviations and CDRH issued a separate Warning Letter for significant Bioresearch Monitoring deviations.

LCDR Greco exposed a significant public health threat thus preventing further deleterious effects on consumers. The outcome of this inspection was published in the March 2004 issue of the "Medical Device & Diagnostic Industry" magazine.

□

Deadline Dates and Information About COSTEP Applications for Fiscal Year 2005

The deadline dates for submission of applications for the Junior Commissioned Officer Student Training and External Program (COSTEP) and the Senior COSTEP for Fiscal Year 2005 are as follows:

Junior COSTEP applications must be postmarked:

- June 1 - September 30 for positions during the following January 1 - April 30
- September 1 - December 31 for positions during the following May 1 - August 31
- January 1 - April 30 for positions during the following September 1 - December 31

Senior COSTEP applications must be postmarked:

- by December 31, 2004 for applicants entering senior status beginning the following August or after. *Note:* Some flexibility is allowed at the request of the agency.

Background

Because the Junior and Senior COSTEP programs are important ways to make excellent students aware of opportunities with the Public Health Service Commissioned Corps, the staff members of the Division of Commissioned Corps Training and Career Development (DCCTCD), Office of Commissioned Corps Operations, are committed to continuing to create a flexible, workable

process for students, preceptors, and agencies. DCCTCD staff will work with agency representatives who make special requests to submit/request applicants after the deadlines, and will consider any special cases forwarded for consideration by preceptors, on an exception basis. The deadlines listed above are intended to help maintain order and timeliness to the process.

New Mailing Address as of August 2004

Applicants should mail their completed applications and references to the following address:

Office of Commissioned Corps
Operations
ATTN: Division of Commissioned
Corps Assignments
1101 Wootton Parkway, Plaza Level,
Suite 100
Rockville, MD 20852

Note: If an applicant wants to confirm that his/her application was received, certified mail or a domestic delivery service (e.g. Federal Express, UPS, etc.) should be used.

Further Information

Information about COSTEP is available at—www.usphs.gov—under the 'Students' tab. For additional assistance, please contact DCCTCD at 240-453-6125, 240-453-6072, or toll free at 1-800-279-1605, and ask for a COSTEP representative.

□

REMINDER:



BRANCH NEWS

Thrift Savings Plan Open Season—October 15 through December 31, 2004

The Thrift Savings Plan (TSP) open season is your chance to start or change the amount of your contributions to your account. Please see page 6 of the October issue of the *Commissioned Corps Bulletin* for more information.

□

Recent Deaths

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

The deaths of the following active-duty officer and retired officers were recently reported to OCCSS:

Title/Name	Date
MEDICAL	
CAPTAIN George F. Ellinger	09/21/04
NURSE	
CAPTAIN Geraldine L. Ellis	09/23/04
ENGINEER	
CAPTAIN Terry R. Deen	09/21/04
SCIENTIST	
CAPTAIN James V. Smith	09/15/04
ENVIRONMENTAL HEALTH	
CAPTAIN Alice B. Frazer	10/05/04
Francis F. Reiersen	08/30/04
Ruth F. Richards	09/28/04
COMMANDER	
Barry M. Owens	10/05/04
VETERINARY	
CAPTAIN Samuel Abramson	09/01/04

□

In Remembrance of CAPT Derek Dunn

LCDR Nelson Adekoya dedicated his latest publication to the memory of the late CAPT Derek Dunn. The manuscript "*Fatal Traumatic Brain Injury, West Virginia, 1989-1998*," was published in the current issue of "Public Health Reports." The article used data from the National Center for Health Statistics Multiple Cause of Death tapes to describe fatal cases of traumatic brain injury (TBI) among West Virginia residents, and compared West Virginia's annualized average TBI death rate with the rates of other States and with the rate among U.S. residents for the same period. Main highlights of the study include:

- (a) Leading external causes of fatal TBI in West Virginia were firearm-related (39 percent), motor-vehicle-related (34 percent), and fall-related (10 percent);
- (b) In West Virginia, firearm-related TBI became the leading cause of TBI fatalities in 1991, surpassing motor-vehicle-related TBI;
- (c) In West Virginia, 75 percent of firearm-related TBI deaths were suicides;
- (d) West Virginia's TBI death rate (23.6 per 100,000) was higher than the national rate (20.6 per 100,000);
- (e) In 23 States, average TBI death rates over the 10-year period were higher than West Virginia's death rates; and
- (f) In West Virginia, a 38 percent increase occurred in the fall-related TBI death rate during the decade.

During 1989-1998, an average of 53,288 deaths among U.S. residents was associated with TBI. TBI reduction is a key objective of the *Healthy People 2010* plan. Because of the significant potential for disability, Congress passed the Traumatic Brain Injury Act in 1996 (Public Health Law 104-166) and the Act mandates the surveillance of TBI to identify high-risk groups and the leading causes of TBI. Public health, law enforcement, and transportation safety professionals can address these challenges by implementing effective interventions based on a thorough assessment of the factors that influence health-related behaviors. Data in this report can be used to develop targeted prevention programs in West Virginia. □

Office of Force Readiness and Deployment

Current Responses

- Orange Alert: Deployment to Secretary's Operation Center, Department of Health and Human Services (HHS), through January 2004.
- Orange Alert: Secretary's Emergency Response Teams (SERT) On Call, through January 2004.
- Dentists Deploy to Camp Lejeune, October 2004 to February 2005.
- Haiti Mission with the Office of Global Health Affairs.

Recent Responses

- U.S. Forest Service Water System Surveys by environmental health officers and environmental engineers in Black Hills Forest of South Dakota and the El Dorado and Klamath Forest of California.
- Hurricane Charley.
- Hurricane Frances.
- Hurricane Ivan.
- Hurricane Jeanne.

Hurricanes Charley, Frances, Ivan, and Jeanne

In the largest deployment for the Office of Force Readiness and Deployment (OFRD) (formerly CCRF) since the terrorist attacks of 2001, over 600 Public Health Service (PHS) Commissioned Corps officers responded to provide support to the citizens of Florida and Alabama in the wake of Hurricanes Charley, Frances, Ivan, and Jeanne. Deployed officers were from every category of the PHS Commissioned Corps and represented almost every Agency and Operating Division where officers are assigned.

Officers deployed with the American Red Cross (ARC), the Federal Emergency Management Agency (FEMA), and HHS. PHS officers served in a multitude of roles and in a variety of locations such as ARC shelters; special needs shelters; Community Relation Teams; Florida and Alabama hospitals; the Secretary's Emergency Response Team; Emergency Response Teams in Florida and Alabama; the FEMA Regional Operation Center; the FEMA Emergency Support Team; Disaster Field Offices in Florida, Puerto Rico, and Alabama; State Health Departments; and Regional Operation Centers

in New York and Atlanta. In addition, PHS environmental health officers and environmental engineers deployed to 12 Florida counties and Indian reservations.

Dentists Deploy to Camp Lejeune

In September 2004, the U.S. Marine Corps at Camp Lejeune was tasked with reconstituting the Second Marine Expeditionary Force for deployment back to Iraq. Beginning October 1, the facility started receiving 27,000 Marines who will either be mobilizing or demobilizing—all of whom require dental clearance. The Dental Battalion has requested that PHS augment their depleted staff because 11 of their dentists are deployed. This PHS deployment began in October 2004 and is scheduled to run until February 2005. At this time, 18 PHS dentists have been identified to fill this mission. These officers come from the Indian Health Service and the Bureau of Prisons.

On Call Responses

Recently, the Corps has been called upon to be in on-call status for a variety of high profile national security events. For each event, teams were designated for the east coast, central U.S. or west coast, as needed. In addition, PHS officers were on call to support an Incident Management Team in Washington, D.C. It is anticipated that this on-call status will continue until after the Presidential Inauguration in January 2005.

Policy Issues

Please immediately review Manual Circular PHS No. 377, "Basic Level of Force Readiness Standards for the Commissioned Corps of the U.S. Public Health Service," and Commissioned Corps Personnel Policy Memorandums 04-003, 04-006, and 05-002 at <http://dcp.psc.gov/navigati.asp>.

Training

MMCBC: OFRD officers will be attending the U.S. Army Medical Research Institute of Infectious Disease's (USAMRIID) Medical Management of Chemical and Biological Casualties (MMCBC) course, October 31 - November 5.

(Continued on page 9)

Office of Force Readiness and Deployment

(Continued from page 8)

LNO: OFRD will support the OASPHEP by identifying officers to be trained as Liaison officers for SERT. The next LNO (II)/SERT training will be held in Washington, D.C., December 7 - 10.

Upcoming Training: Fiscal Year 2005 OFRD Training Courses will be listed at <http://ccrf.hhs.gov/ccrf/training.htm> as course offerings become available. □

Commissioned Corps Personnel Manual

NEW ISSUANCES

COMMISSIONED CORPS PERSONNEL POLICY MEMORANDUMS (PMM)

PPM 04-007, DATED OCTOBER 19, 2004

Subject: Duties and Responsibilities Involving the Per Diem, Travel, and Transportation Allowance Committee.

PPM 05-001, DATED OCTOBER 14, 2004

Subject: Authorization of Dental Officer Multiyear Retention Bonus for Fiscal Year 2005.

PPM 05-002, DATED OCTOBER 19, 2004

Subject: Revision of Influenza Immunization Requirement Section 5.a.(2)(a) Manual Circular PHS No. 377, "Basic Level of Force Readiness Standards for the Commissioned Corps of the U.S. Public Health Service."

Please note: The PPMs listed above can be accessed on the Commissioned Corps Management Information System Web site—<http://dcp.psc.gov>—click on 'Publications,' 'Commissioned Corps Personnel Manual.' □

Commissioned Corps Mental Health Providers Deployed to Indian Country

Submitted by CDR David McIntyre

For the first time, the Surgeon General asked the Office of Force Readiness and Deployment (OFRD) to activate officers to support the Indian Health Service (IHS) in response to a suicide cluster within Indian Country. On April 26, 2004, OFRD posted a request for mental health providers to deploy to the Fort Thompson IHS Hospital in South Dakota. During the previous 5 months at Fort Thompson there had been a cluster of 5 completed suicides and a report of over 60 suicide gestures or attempts within the same time frame.

The purpose of the deployment was to provide Fort Thompson IHS Hospital with administrative guidance and clinical consultative services. LT Linda Cox-Ford (Bureau of Prisons (BOP)) and I, CDR Dave McIntyre (Division of Immigration Health Services (DIHS)), were the first deployed officers. Prior to our arrival date, LT Cox-Ford and I communicated via telephone with CDR Bernie Long, Director of Field Health Operations at Fort Thompson, to begin our plan of action.

Upon arrival we were introduced to the community by Ms. Nancy Miller, CEO, Fort Thompson IHS Hospital, and CDR Long. During the first few days we traveled throughout the Crow Creek Sioux reservation and met with numerous people and agencies. The agencies included the IHS hospital, all schools, tribal leadership, Emergency Medical Services (EMS), reservation police, social services, tribal court officers, alcohol/substance abuse treatment providers, mental health providers, and many other community organizations and care providers. We helped develop a suicide response program to address the needs of the community as well as conducted numerous stress debriefings with community members and workers. We were well received and our guidance and services were appreciated.

The means by which we pursued the purpose of the deployment were many. We learned about the history of Fort Thompson and the Crow Creek Sioux reservation. We made numerous home visits to family and friends of those who completed suicide. We gave the community the opportunity to express their

fears and concerns. We were mindful that we were outsiders and listened carefully before we could make any recommendations that would be received. We attended a Pow-Wow held to honor the graduating high school seniors of Crow Creek and served food to Pow-Wow participants. We answered middle of the night crisis intervention calls and participated in weekend EMS responses. We were also welcomed into homes and were shown generous hospitality. We built a strong foundation within the community for other deployed officers to build upon throughout the summer.

The officers to follow continued the mission and provided expert support to the community and care providers. Each officer brought with him or her strong clinical skills and a willingness to do whatever was asked of them. They demonstrated a true commitment to the people of Crow Creek and to the OFRD mission. One of the most unique aspects of the deployment was that each officer brought his or her own special skills and gifts that were utilized by the mental health staff at Fort Thompson. Some of these added benefits included improving the hospital's ability to capture additional dollars for mental health services rendered, improving the mental health case management process, providing needed psychological testing to children, designing school programs to address teen behavior, and networking with psychiatric hospitals and the University of South Dakota to improve access to care for the American Indian community of Crow Creek, to name a few.

The Public Health Service (PHS) Commissioned Corps mental health officers enjoyed this unique opportunity to practice their skills in a different and exciting setting. The deployment required the officers to be out and about most of their days. They actively participated in many types of valuable and different activities including doing home visits, visiting the schools, talking with children and teens, conducting suicide autopsies, working with teachers, meeting with tribal leadership, going on ambulance runs with the EMS staff, traveling the reservation with tribal police officers, providing crisis

(Continued on page 10)

Commissioned Corps Mental Health Providers Deployed to Indian Country

(Continued from page 9)

interventions in the middle of the night, consulting with the Director, Behavioral Health Services for IHS, and meeting with some of the reservation elders.

This deployment provided the officers a firsthand experience of the daily challenges faced by many of our PHS colleagues who work on rural American Indian reservations throughout our country. Observing the challenges of providing medical and mental health care in rural America was a great experience and gave us all a deeper appreciation of those officers who choose to work in such challenging environments. We also had the opportunity to see the challenges and accomplishments of those living and working on the reservation. We met many strong, compassionate people on the reservation who were working hard to help the children of Fort Thompson.

ORFD staff members, CDR Angela Martinelli and LT John Mallos, had been extremely helpful and responsive to our

needs. They participated in our weekly teleconferences and supported the mission 110 percent. During the deployment, RADM Babb, Director of ORFD, joined our weekly Fort Thompson teleconference. He offered his insights from his experience of working in Indian Country. He communicated his strong commitment to this mission and gave thanks to all of the officers who volunteered to participate in the deployment. CDR Martinelli noted she had more than enough volunteers for the deployment and was sorry that not all the officers who volunteered were able to participate.

The deployment received only positive feedback from the community at large as well as from those working the front lines. There have been three serious suicide attempts since the beginning of this deployment, but there have been no additional suicide completions. Due to positive response, this deployment was extended through September 2004.

Thanks to all of the PHS Corps mental health professionals who participated in the Fort Thompson IHS deployment. They were:

- CAPT Lawrence McMurtry (Office of the Secretary)
- CAPT Patricia Nye (IHS)
- CDR Stephen Formanski (BOP)
- CDR David McIntyre (DIHS/Health Resources and Services Administration (HRSA))
- CDR Carlton Pyant (BOP)
- LCDR Rhonda Koch (BOP)
- LCDR Torris Smith (Centers for Medicare and Medicaid Services)
- LCDR Stacey Williams (USAMRMC)
- LT Jeffrey Coady (HRSA)
- LT Linda Cox-Ford (BOP)
- LT Dale Thompson (BOP)

□

Commissioned Corps Officers Deploy with the U.S. Department of State to Provide Support for Hurricane Victims

Submitted by CDR Jacinto Garrido

The Division of Immigration Health Services' (DIHS) Aviation Medicine Program provided staff to deploy with the U.S. Department of State to provide support to those affected by Hurricane Ivan. DIHS is an organization under the Bureau of Primary Health Care, Health Resources and Services Administration. DIHS supports the medical operations for Immigration and Customs Enforcement, Department of Homeland Security.

On September 16, 2004, I received a call from RADM Ronald Banks with a request from the Assistant Secretary of Health's office to expeditiously assemble a medical flight team to rescue American citizens stranded in the Cayman Islands after Hurricane Ivan devastated the island. Apparently, during the hurricane surge the entire island went under water, devastating most of their resources.

I immediately alerted a flight team of five officers and tapped into our medical facility (Krome Service Processing Center) for immediate mission-specific sup-

plies. Prior to departing for the airport, I was advised to decrease my team to two so that there would be more room for passengers being rescued. I then chose CDR

Abelardo Montalvo to continue with me on the mission since he was a well-seasoned family practice physician and we had worked on difficult international deployments in the past. Within 90 minutes we were ready and were in flight to conduct the rescue. During the in-flight briefing we were informed of several medical cases and were told to expect pandemonium at the airport in the Cayman Islands, as it is the only port for relief supplies and the only way off the island. We were told that people were on the edge, displaying anger, despair, and fear since there was armed looting going on and no way out of the country because all commercial flights were cancelled.

(Continued on page 11)



CDR Abelardo Montalvo assesses a patient as the young boy's mother looks on.

Commissioned Corps Officers Deploy with the U.S. Department of State to Provide Support for Hurricane Victims

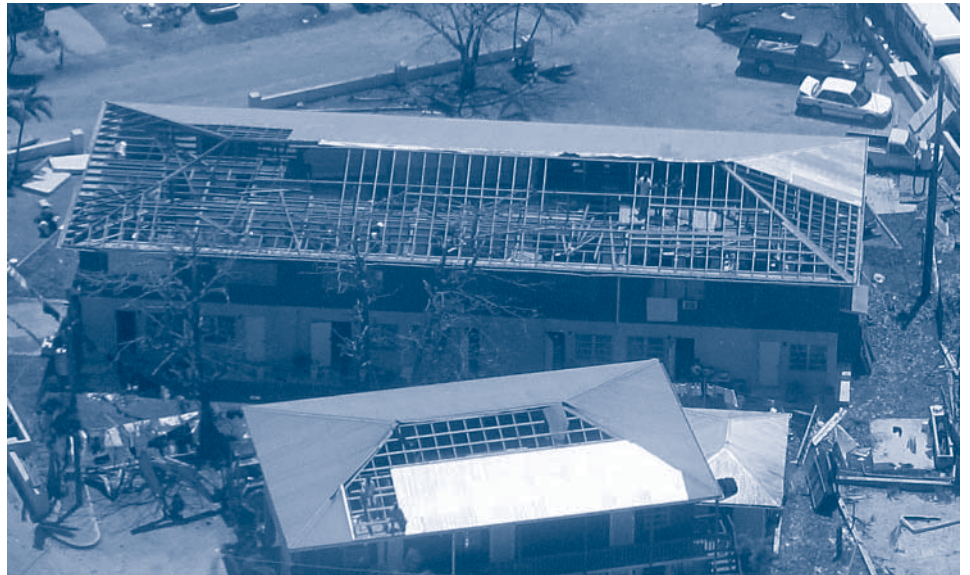
(Continued from page 10)

As we began our final descent to the Cayman Islands, reality hit me. I witnessed the devastation caused by the hurricane, which gave me a flashback of when Hurricane Andrew devastated my hometown of Miami. At that point I felt that there would be a stampede towards the aircraft and I expected chaos. Before deplaning we teamed up with the Department of State staff and developed a plan to expedite the process.

On arrival, the Department of State was tasked with identifying U.S. citizens and administratively processing them for the flight. We established a medical area and began to triage and clear Americans for fitness-to-travel. At first the crowd cheered as they saw the uniforms; they approached us and said "the marines are here to rescue us." We quickly responded that "No, we are the Public Health Service, and yes, you are being rescued."

At times the crowd got out of hand, pushing aside the injured and families with children. I found myself grabbing a bullhorn to help bring order. We encountered many chronic medical conditions as well as injuries such as fractured ribs. Time was a factor since we had to fly out before the first sign of dusk due to the devastation of the tower and runway lights at the airport. When we finally all boarded the aircraft I noticed that people were calmer but still concerned, as they anxiously looked out the airplane window hoping to see signs of our departure. During take-off the passengers cheered as we prepared to conduct our in-flight care. During the flight, the mood was happy and sad. CDR Montalvo attended to the acute cases such as fractured ribs and head trauma with infected lacerations. I proceeded to go through the cabin and do a complete status assessment on all of the passengers.

Many were celebrating the rescue, asking to take pictures with me, and the children were playing around. One passenger flagged me and said that she was hypoglycemic and was feeling dizzy. I quickly assessed her and gave her orange juice and kept an eye on her. One case in particular caught my attention. It was a mother with two children who was profusely crying as she looked out the window. Her children had not noticed and were laughing and playing. I approached



A view of the damage and destruction caused by the hurricane.



CDR Abelardo Montalvo and CDR Jacinto Garrido prepare to depart Cayman Airport.

her and asked her why she was sad. She looked at me intensely and said that she lost everything that she owned and felt hopeless. As she talked to me I felt a big knot in my throat. I comforted her and said that I was once a victim of a bad hurricane. I also told her that things always have a way of working out, and that everything she needed to move-on was sitting right next to her. She smiled and thanked me. I kept an eye on her as well.

Once the airplane touched down at Fort Lauderdale, all the passengers clapped and cheered. During deplaning I stood next to the air crew as the passengers walked off the airplane. It was a great feeling to see their smiles, and, as a first, receive hugs and kisses. This is unusual in my line of work as I normally transport detainees under the custody of Immigration and Customs Enforcement.

(Continued on page 12)

Commissioned Corps Officers Deploy with the U.S. Department of State to Provide Support for Hurricane Victims

(Continued from page 11)

The mission was a success. In summary, we made two flights down to the Cayman Islands evacuating 254 Americans, Canadians, and British nationals. Among the conditions we found were: one individual with fractured ribs, four pregnant females in their second and third trimesters, six asthmatics, three persons with hypothyroids, two epileptics, among other conditions.

It was a pleasure and an honor to represent the U.S. Public Health Service (PHS) Commissioned Corps during this humanitarian rescue of Americans abroad. This opportunity gave PHS exposure with the U.S. Department of State and most importantly the American people.

□

Retirements – October

Title/Name Agency/OPDIV/Program

MEDICAL

CAPTAIN

Richard L. Ehrenberg CDC
Richard D. Olson IHS

DENTAL

COMMANDER

David R. Douglas HRSA

NURSE

CAPTAIN

Janet M. Jones NIH
Yechiam Ostchega CDC

LIEUTENANT COMMANDER

Eric R. Heebner FDA

ENGINEER

CAPTAIN

Alvin Chun EPA
Richard C. Oksness IHS

SCIENTIST

CAPTAIN

Melvyn R. Altman FDA
William G. Brogdon CDC

Title/Name Agency/OPDIV/Program

Marion G. Clower, Jr. FDA
John P. Lucas DOD
John M. Spaulding IHS

VETERINARY

CAPTAIN

Richard A. Salomon CDC

PHARMACY

CAPTAIN

Janet M. Jones FDA
Michael N. Mericle IHS

THERAPY

CAPTAIN

Bonnie C. Thornton NIH

HEALTH SERVICES

CAPTAIN

Edwin A. Knecht CDC
Henry H. Knox FDA
Michael A. Lopatin CMS
Joseph A. Zogby HRSA

COMMANDER

Glenn A. Hegamyer NIH

□

DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Official Business
Penalty for Private Use \$300

DATED MATERIAL