Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XV, No. 10 October 2001

Surgeon General's Column

"From the physical clean-up in the impacted areas to the grief that victims' families and the Nation are feeling, the recovery process from these events will take a great deal of time. HHS, like the rest of the Federal, State and local agencies responding during this time of need, is committed to the long-term process of healing and rebuilding."

—Secretary Tommy Thompson

The tragic events of September 11 that devastated our Nation will never be forgotten. We extend our deepest sympathy to all those who lost family members, loved ones, and friends in the attacks on the World Trade Center towers and the Pentagon, and the crash in Shanksville, Pennsylvania. We lost a special friend, Dr. Paul Ambrose, who worked here in the Office of Public Health and Science. He was on board American Airlines Flight 77, on his way to an obesity prevention conference in Los Angeles, when his plane was hijacked and crashed into the Pentagon. Paul was a young physician, a Luther Terry Fellow, who was working on my overweight and obesity report. He loved the outdoors and had just become engaged to be married. Public health excited him and he was passionate about his work. He will be greatly missed.

As unnerving as it is to watch the footage from that day being replayed, we can take some comfort in the scenes that reflect the manner in which the Nation has pulled together in the aftermath—people stepping in to help, rushing to offer aid, and eagerly making themselves available to do whatever they can, wherever they can. And we can take special pride in the way in which the Department of Health and Human Services responded. Within moments, the Department moved into action and implemented a well coordinated response.

I especially want to highlight the role of the corps—those who were visible and deployed, those who stood by ready to serve, and those who volunteered but haven't had the opportunity to serve to date. RADM Robert Knouss directed the Office of Emergency Preparedness (OEP) and coordinated the activation of the National Disaster Medical System, which quickly mobilized many Disaster Medical Assistance Teams (DMATs) and Disaster Mortuary Operations and Response Teams. OEP also was on duty with medical teams placed in strategic locations the night the President spoke to the joint session of Congress. I activated the Commissioned Corps Readiness Force (CCRF), which OEP used to deploy more than 120 officers to date. Altogether, as of September 24, more than 200 officers have been deployed to New York through the CCRF, a DMAT, or directly by the Department's agencies. The Centers for Disease Control and Prevention sent about 50 Epidemic Intelligence Service officers, mostly corps officers, to the New York City area to monitor rates of injury and disease. Many other commissioned officers staffed the Emergency Operations Center or crisis counseling hotlines.

While the immediate emergency needs may have passed, this emergency will require a long-term national commitment to respond to needs. Many more of us will have an opportunity to offer our assistance in real and tangible ways. So please stay ready!

One area where everyone can play a part right now is in donating blood. We had a tremendous outpouring of response in the days immediately following the attacks, but we are going to need sustained enthusiasm to keep our supplies replenished. If you are healthy, you can donate blood as often as once every 8 weeks.

Another area where we can serve is as educators. Each of us can take the time to educate the public about the importance of health protection, disease prevention, and crisis response efforts. As the Surgeon General, I am well aware that public health efforts are often a hard sell among competing more glamorous priorities. Typically, it is not until there is a compelling and urgent reason to act that the public begins to appreciate the value of public health. But many people are asking questions now that directly relate to our work and this is a golden opportunity to teach them about the critical contributions we make to improving, maintaining, and protecting the Nation's health. **A strong public health infrastructure is the greatest defense against bioterrorism.**

Finally, we can use this time to offer greater visibility to the corps. As with the rest of the public health infrastructure, the corps is not always outwardly visible nor is its potential always understood as

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Commissioned Corps BULLETIN

Published as part of the Commissioned Corps Personnel Manual for Public Health Service Commissioned Corps officers. Forward news of Service-wide or special interest to Division of Commissioned Personnel, Room 4-04, 5600 Fishers Lane, Rockville, MD 20857-0001, Phone: 301-594-3462, E-mail: vkapusnick@psc.gov.

Director, DCP/PSC
RADM R. Michael Davidson
Editor, Mrs. Virginia Kapusnick

Surgeon General's Column
(Continued)

(Continued from page 1)

the premier Federal resource available to serve when this country is faced with a disaster or serious public health issue requiring a strong Federal presence. I believe, however, that the value of the corps is being, and will continue to be, more fully realized and appreciated in the aftermath of the attacks. The subsequent media attention about any one of numerous plausible health threat scenarios has heightened the public's interest in their safety. We can anticipate that there will be significant future public health challenges, both man-made and natural, including many that we cannot even imagine today, that will involve the corps. We hope that both the public health infrastructure and the corps will be supported and ready.

Our work is far from over. Our vigilance must continue. Our Nation is depending on us to defend and protect its health. The Public Health Service Commissioned Corps has the leadership, skills, experience, and compassion to tackle the challenges that confront us. Let us use this opportunity to build an even greater momentum aimed at protecting the Nation's health.

VADM David Satcher
Surgeon General

Update Your Contact Information on the DCP Web Site

Whenever your home address, telephone number(s), fax number, or e-mail address changes, please remember to update your contact information on the Division of Commissioned Personnel's (DCP) Web site—http://dcp.psc.gov. Select the 'Secure Area' option from the menu and then select 'Officer and Liaison Activities.' Enter your ID and password and follow the link to 'Update Your Contact Information.'

If you do not know your access information, contact the DCP Help Desk at 301-594-0961.

Servicemembers' Group Life Insurance Family Coverage Starts November 1, 2001

The Veterans' Opportunities Act of 2001 extends life insurance coverage to spouses and children of active-duty servicemembers insured under the Servicemembers' Group Life Insurance (SGLI) program, ***effective November 1, 2001***.

Beginning with the **November payroll** (pay date November 30), SGLI coverage for spouses and children is **automatic,** as required by law.

Family coverage will be available ***only*** for members insured under the SGLI program. Servicemembers will be able to purchase up to $100,000 of SGLI coverage for their spouse, in increments of $10,000. However, they will not be able to purchase more SGLI coverage for their spouse than they have for themselves. For example, if a member has $50,000 of SGLI coverage, he or she may purchase not more than $50,000 of SGLI coverage for his or her spouse. Each dependent child of every active-duty servicemember who has SGLI, will automatically be insured for $10,000. Upon the death of a spouse or child, all insurance proceeds will be paid directly to the servicemember.

Premiums for SGLI spouse coverage will be based on the age of the spouse. SGLI coverage for children will be free of charge. To ensure that the proper amount is deducted, all information on members' dependents must be up-to-date in DEERS (Defense Enrollment Eligibility Reporting System). For further information on updating DEERS, please call 301-594-3384 (or toll-free at 1-877-INFO-DCP (1-877-463-6327), listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43384).

Members must elect in writing if SGLI spousal coverage is not wanted, *or* if they wish to insure their spouse for an amount less than $100,000. As coverage for children is free, members cannot decline or reduce coverage for any eligible child. **Form SGLV 8286A, "Family Coverage Election (SGLI)," must be submitted to reduce or decline SGLI coverage**. Form SGLV 8286A and all other SGLV forms are available to complete and print on the Department of Veterans Affairs Web site—http://insurance.va.gov/forms/forms.htm.

All elections for reduced or declined SGLI must be sent to the following address no later than November 13, or premium deductions will begin in the November payroll:

Division of Commissioned Personnel
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

Any elections for reduced or declined SGLI received after November will stop on the first day of the following month. For example, if form SGLV 8286A is received in the Compensation Branch on December 3, then coverage and premium deductions will stop effective January 1.

Should participation in SGLI change (voluntary termination of coverage, separation, divorce, or death), your spouse may elect to convert his or her coverage to a commercial policy with a participating company within 120 days following the change. The Office of Servicemembers' Group Life Insurance (OSGLI) will provide a list of the participating companies upon request, and may be reached at 1-800-419-1473.

To view all currently available information on Family SGLI, please refer to—http://insurance.va.gov/sglivgli/sglifam.htm.

Premiums for Spousal Coverage

Spouse's Age	Monthly Rate Per $10,000	Monthly Cost for $100,000
Under 35	$ .90	$ 9.00
35-44	$1.30	$13.00
45-49	$2.00	$20.00
50-54	$3.20	$32.00
55 & older	$5.50	$55.00

Thrift Savings Plan Just Around the Corner

The Thrift Savings Plan (TSP), a tax deferred retirement and investment plan, is beginning for Public Health Service (PHS) Commissioned Corps officers. The TSP does *not* replace or modify existing commissioned corps retirement plans.

The open season for enrollment in the plan will run from October 9, 2001 to January 31, 2002, with contributions starting with the January 2002 payroll which will be paid on February 1, 2002. Officers who do not enroll during this special open season will have two open seasons per year to enroll thereafter. Contributions to the plan come from pretax dollars, and officers pay no Federal or State income taxes on contributions or earnings until they are withdrawn.

Officers will be able to contribute up to 7 percent of their basic pay. The limit will rise to 10 percent by calendar year 2005, and become unlimited in calendar year 2006. Officers may contribute all or any whole percentage of special pay, incentive pay, or bonus pay, after contributing at least 1 percent of their basic pay. However, the total amount of each officer's annual contribution cannot exceed the Internal Revenue Code's elective deferral limit for that year (for calendar year 2002, the limit is $11,000).

Officers must choose how they want their money invested. They may pick from several different funds. The G fund, which is the safest of all, invests in U.S. Treasury securities, while the C fund is tied to the U.S. stock market. Officers may also select the F fund which invests in commercial bonds. The S fund is a stock index fund that paces smaller businesses, and the I fund tracks foreign companies. Officers will be able to start, change, or reallocate their TSP contributions during two open seasons each year, roughly, November to January and May to July.

In mid-October, officers will receive from the Division of Commissioned Personnel (DCP) *TSP-U-1, "Thrift Savings Plan Election Form*," a cover letter, and a booklet titled *"Summary of the Thrift Savings Plan for the Uniformed Services."* Officers wishing to participate must complete *Sections I, II, and IV of form TSP-U-1*, allocating the desired percentage of basic pay as well as the desired percentage of any special and incentive pays. Each officer's election of special and incentive pays will take effect whenever the officer becomes entitled to the special or incentive pay. Therefore, the officer may complete that portion of the form upon receipt, and the Compensation Branch will deduct the correct percentage the officer allocated at the proper time.

All initial allocations will be invested in the G fund. Once officers receive their PIN numbers and a letter from the Thrift Investment Board, they may use the ThriftLine at 504-255-8777 or the TSP Web site—www.tsp.gov—to reallocate their investments to other funds. *Remember: $11,000 is the Internal Revenue Service limit for calendar year 2002 and that limit must not be exceeded when completing form TSP-U-1.*

Completed TSP-U-1 forms must be received by the Compensation Branch by January 10, 2002 for a February 1, 2002 payroll deduction. Otherwise, officers' TSP deductions will be made from the February payroll which will be paid on March 1, 2002. Any incomplete or incorrect forms will be returned to the officer and may prevent the officer from TSP participation during this initial open season.

IMPORTANT NOTE: Officers will NOT be eligible to participate in the TSP in this initial open season if their completed TSP-U-1 forms are not received in the Compensation Branch by January 31, 2002.

If officers have any questions concerning form TSP-U-1, they should call their payroll technician in the Compensation Branch at 301-594-2963 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial the last 5 digits of the phone number – 42963). Officers should consult with professional financial planners or accountants for advice on which funds best meet their investment goals and the impact of the TSP on their tax liability. Check the TSP Web site for the performance history of each fund.

Upon completion, please send form TSP-U-1 to the following address:

Division of Commissioned Personnel
ATTN.: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

Upon receipt and processing of form TSP-U-1, the Compensation Branch will sign and return a copy of form TSP-U-1 to each officer for his or her records. Officers should keep a photocopy of form TSP-U-1 before mailing it to the Compensation Branch in the event forms are misplaced or misdirected. The completed form TSP-U-1 will be placed in each officer's pay record within the Compensation Branch.

For additional information, please go to the following Web site—www.tsp.gov. This site was created by the Thrift Savings Board and has answers to most common questions.

The law allows for the payment of matching funds to those with designated critical military specialities, in return for a 6-year service obligation. Details on if or how this will apply to PHS officers are **not currently available**. This information will be provided in a future *Commissioned Corps Bulletin* article. □

Commissioned Officer Training Academy

For information about the Commissioned Officer Training Academy, please visit the Division of Commissioned Personnel's Web site—*http://dcp.psc.gov*—and select the 'Training' option. □

Commissioned Corps Readiness Force

Commissioned Officers Respond to Terrorist Attack

Rather than focus only on the activities of Commissioned Corps Readiness Force (CCRF) officers, this article will attempt to give credit to the many-faceted response of the U.S. Public Health Service to the terrorist attack on our country. In the past two weeks, commissioned officers have responded to four separate events.

After the attack on the Pentagon, the Office of Emergency Preparedness (OEP) sent two Disaster Medical Assistance Teams (DMAT) (including the PHS-1 DMAT) and two National Medical Response Teams (NMRT) specializing in Weapons of Mass Destruction (WMD), to a staging area to respond to medical needs and any chem/bio or hazardous substance problem associated with the event. All of these resources were recalled within a day of the attack except for one of the WMD teams, which remained on station to assist the Urban Search and Rescue Teams and other Federal responders. The Centers for Disease Control and Prevention (CDC) deployed Epidemic Intelligence Service (EIS) officers to provide surveillance of issues related to the event in area hospitals.

For the response in New York City, four DMAT teams, five Disaster Mortuary Operations and Response Teams (DMORT), one NMRT team, and a Management Support Team were deployed. In ensuing days, with the support of the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Disaster Medical System and the CCRF deployed twenty-three mental health providers to assist Federal responders. Additionally, SAMHSA has been providing an ongoing assessment of mental health needs and capabilities for the citizens of New York.

At the request of OEP, the U.S. Navy deployed the *USNS Comfort* to New York to provide a haven for the responders. Until Navy healthcare personnel redeployed to the National Naval Medical Center, the CCRF provided nurses and physicians to fill in at the hospital. Additionally, pharmacists from the National Institutes of Health supported the Naval Hospital during this period of short staffing.

OEP deployed a Veterinary Medical Assistance Team to care for the Urban Search and Rescue dogs. CCRF supplemented the DMORT operation with eleven forensic dentists. More than 20 CCRF officers volunteered to provide computer support to the DMORT operation in New York, which was attempting to deal with all kinds of issues related to their mission. On September 20, a 43-person CCRF medical team deployed to the event, followed by a 44-person PHS-1 DMAT two days later. Each team was placed into the rotation of running five separate medical clinics close to Ground Zero. These clinics dealt with all sorts of medical issues related to eye and respiratory problems as a result of poor air quality, many soft tissue injuries because of the extremely hazardous work site, and many other expected illnesses.

CDC deployed a large contingent of EIS officers, individuals supporting the deployment of the National Pharmaceutical Stockpile and worker safety/industrial hygiene issues. CCRF pharmacist officers also supported the Stockpile operation. DMAT teams across the country sent burn specialty nurses to assist the New York Presbyterian Hospital in caring for 32 seriously burned patients from the attack.

In rural Pennsylvania, OEP deployed a DMORT team, a portable morgue, and a Management Support Team (MST) to work with the Federal Bureau of Investigation (FBI) in dealing with the plane crash that was diverted from any attack on large population centers by the heroic acts of passengers on board. A CCRF mental health professional deployed with this operation to provide needed support.

On the evening of September 20, OEP deployed the PHS-1 DMAT, an NMRT-WMD team, and a MST to locations in and around the Capitol Building for the President's Address to Congress. This was done in a matter of hours, despite the fact that three other locations were operating simultaneously.

More than 75 commissioned officers and others deployed to all sorts of administrative roles at the Federal Emergency Management Agency's Emergency Support Team, the FBI's Strategic Information and Operations Center, the New York Office of Emergency Services, the Disaster Field Office, and the OEP Emergency Operations Center in Rockville.

If we have neglected to mention the role that you or your organization played in this response, it certainly was not intentional. This information is only current through September 25. The support we have received from the Office of the Surgeon General, the Division of Commissioned Personnel, Chief Professional Officers, and the Department of Health and Human Services' Agencies/Operating Divisions has been extremely gratifying. At least 1,000 NDMS and commissioned personnel have thus far been involved in this response—certainly the largest in memory of anyone in OEP. And, sadly, we will need further support and sacrifice before this chapter in American history is closed.

At times like these, it is particularly pertinent to reread, and perhaps retake, the Oath of Office:

"I will support and defend the Constitution of the United States against all enemies, foreign and domestic. I will bear true faith and allegiance to the same. I take this obligation freely, without any mental reservation or purpose of evasion. I will well and faithfully discharge the duties of the office on which I am about to enter, so help me God."

CCRF Web Site

Please remember that CCRF members are responsible for keeping their data current. All CCRF members should remember to visit the CCRF Web site frequently to check for news, upcoming events, training opportunities, and to update any changes to their personal information. See http://oep.osophs.dhhs.gov/ccrf.

Any commissioned officer interested in applying for CCRF membership may apply online at the above Web site by simply clicking on 'Apply' and following the instructions. All members should also subscribe to the CCRF Listserv in order to receive the most up-to-date CCRF news messages via e-mail. To do so, click on 'Listserv' on the Web site. The CCRF staff may be reached at ccrf@osophs.dhhs.gov.

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History of the Militarization of the PHS Commissioned Corps

Submitted by:
John Parascandola, Ph.D.,
PHS Historian

The Commissioned Corps of the U.S. Public Health Service (PHS) has played a role in supporting wartime health requirements throughout its history. Soon after the formal establishment of the corps in 1889, it was called upon to assist the military in the Spanish-American War of 1898. All of the PHS Marine Hospitals were made available for the care of the sick and wounded of the Army and Navy. The corps also was given the major responsibility for the prevention of the introduction of yellow fever into the United States by troops returning from Cuba and Puerto Rico. Medical officers of the PHS were assigned to Cuban and Puerto Rican ports, and some PHS officers were assigned to transports carrying troops home. The PHS also operated a temporary quarantine station for returning troops. A PHS medical officer was also on duty aboard the Revenue Cutter *McCullough* with the fleet of Commodore Dewey at the Battle of Manila Bay.

The Spanish-American War emphasized the need for defining the functions and status of the PHS Commissioned Corps in wartime. As a consequence, the act reorganizing the PHS that was approved on July 1, 1902, contained the following provision:

"That the President is authorized in his discretion to utilize the Public Health and Marine Hospital Service in times of threatened or actual war to such extent and in such manner as shall in his judgement promote the public interest without, however, in any wise impairing the efficiency of the Service for the purposes for which the same was created and is maintained."

Using the authority of this 1902 Act, President Wilson militarized the PHS Commissioned Corps in anticipation of America's entry into World War I by an Executive Order issued on April 3, 1917. This order allowed the PHS to detail officers or other employees at the request of the Secretary of War or the Secretary of the Navy to the military and made PHS stations available for treating sick and wounded military personnel and related purposes in times of war or threatened war. With the issuance of this order, the PHS was considered to be a part of the military forces. In addition, Congress passed a joint resolution approved July 9, 1917, fixing the rights and status of PHS officers when serving in the Coast Guard, Army, or Navy.

The Executive Order of April 3, 1917, by which President Wilson militarized the PHS, was later overturned. An opinion issued by the Attorney General on October 29, 1921, held that the power to create a military force out of a civilian one was a duty residing in Congress alone. The opinion stated that under the existing law of 1902, the President could utilize but not convert the PHS to a military force within the meaning of the definition "military or naval forces of the United States."

During World War II, however, the President was given legislative authority for militarizing the PHS Commissioned Corps. The Act of Congress of November 11, 1943, that authorized military benefits for the commissioned officers of the PHS also gave the President the authority to declare the PHS corps to be a military service in times of war. The PHS Act of July 1, 1944, which repealed the 1943 Act, contained the same provision for militarization of the corps. On June 21, 1945, President Truman issued Executive order No. 9575 which declared "the commissioned corps of the Public Health Service to be a military service and a branch of the land and naval forces of the United States during the period of the present war."

The official end of World War II did not take place until the coming into effect of the treaty with Japan on April 28, 1952, by which time the United States was already involved in the Korean conflict. The official end of the war would have returned the PHS Commissioned Corps, which was involved in supporting the military action in Korea, to a non-military status, but by interim legislation the Congress on April 14, 1952 continued certain wartime powers of the President, including the authority to declare the PHS Commissioned Corps to be a military service. By Executive Order No. 10349, dated April 26, 1952, President Truman maintained the status of PHS as a part of the country's land and naval forces. By Public Law 450, approved July 3, 1952, the Congress again extended certain wartime powers of the President, but did not continue his authority to declare PHS to be a military service. In the absence of such authority, and in the absence of a formal state of war, the PHS Commissioned Corps was no longer a military service. The PHS Act was later amended to state that the President might declare the PHS Commissioned Corps to be a military service not only in time of threatened or actual war, but also in "an emergency involving the national defense proclaimed by the President."

The corps has also contributed support to more recent military operations of the United States, such as in Vietnam and the Persian Gulf. For example, PHS organized surgical teams in Vietnam, consisting of both corps and civilian personnel. Corps members were also involved in efforts to control malaria and other infectious diseases in Vietnam. The Office of the PHS Historian, however, does not have any information on whether or not the President used his authority to declare the PHS Commissioned Corps a military service during these conflicts. On July 6, 1988, the Department of Health and Human Services and the Department of Defense (DoD) signed for the first time a Memorandum of Agreement, (amended in 1989) which established a contingency planning relationship between the Departments "for the mobilization and employment of U.S. Public Health Service (USPHS) Commissioned Corps Officers in DoD healthcare activities."

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RADM Linda R. Tollefson Promoted to Rank of Assistant Surgeon General

RADM Linda R. Tollefson has been promoted to the rank of Assistant Surgeon General (Rear Admiral lower half) effective August 1, 2001.

RADM Tollefson, a veterinary officer, is the Deputy Director of the Center for Veterinary Medicine in the Food and Drug Administration. The Center is responsible for the approval and post-market surveillance of animal drugs and feeds, feed additives, veterinary medical devices, and other veterinary medical products. RADM Tollefson directs and oversees the Center's activities in the area of food safety.

Commissioned in 1986, RADM Tollefson is a regular corps officer. She has received the Public Health Service (PHS) Meritorious Service Medal, Outstanding Service Medal, Commendation Medal, Achievement Medal, PHS Citation (three awards), Outstanding Unit Citation, and Unit Commendation (eight awards).

RADM Tollefson has devoted most of her career to the areas of epidemiology and public health surveillance.

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PROMOTION YEAR 2002

IMPORTANT DATES TO REMEMBER

Promotion Information Report (PIR) corrections must be postmarked no later than:

November 16, 2001

Send PIR corrections to:

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

For PIR questions, phone: 301-594-3353 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial the last 5 digits of the phone number – 43353.

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

December 31, 2001

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

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

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Revision—Pamphlet No. 51, "Information on Temporary Duty Travel," dated August 2001

Commissioned Corps Personnel Manual Pamphlet No. 51, "Information on Temporary Duty Travel," was revised as of August 2001.

To view this pamphlet, please visit the Division of Commissioned Personnel's Web site—http://dcp.psc.gov—and click on 'Publications.'

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HEALTHY LIFESTYLES

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

Studies show that the risk of death rises with increasing weight, regardless of age, race, gender, smoking history, or previous history of disease. Even moderate weight excess (10 to 20 pounds) increases risk, particularly among adults aged 30 to 64 years. You can reduce disease risk factors for developing coronary heart disease, type II Diabetes, and hypertension by losing weight and keeping it off. Some people lose weight on their own; others like the support of a structured program. If you decide to join any kind of weight control program, check out the information on selecting a weight loss program available at—http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/control.htm.

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CORRECTION!

PHS Pharmacist Listserv

The August issue of the Commissioned Corps Bulletin provided an incorrect e-mail address for the Pharmacist Listserv. We regret any inconvenience caused by this error. Please see the corrected article below.

The Public Health Service (PHS) Pharmacist Professional Advisory Committee (PharmPAC) maintains a listserv that is intended to be the primary mechanism to distribute timely information, including PharmPAC minutes, to both commissioned corps and civil service pharmacists.

If you have not been receiving PharmPAC listserv messages, it is probably because you are not subscribed. If you would like to subscribe for the first time, or if you would like to add any additional e-mail addresses to the PHS-Pharmacist listserv, please complete the web-based form at—http://list.nih.gov/cgi-bin/wa?SUBED1=phs-pharmacists&A=1

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Medical Affairs Branch

TRICARE Prime Remote for Family Members

The Beneficiary Medical Programs Section of the Medical Affairs Branch, Division of Commissioned Personnel, is reminding officers that the August 2001 issue of the *Commissioned Corps Bulletin*, page 3, contained an article regarding the TRICARE Management Activity's implementation of TRICARE Prime Remote for Family Members.

Officers are encouraged to read the article—and share it with their family members—since it contains very important information about this new benefit. Also, information is available at the following Web site—www.tricare.osd.mil.

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

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

The award recognizes an outstanding PHS officer at the rank of O-4 (LCDR) or below. ROA membership is not a requirement for nomination. The award will be presented at the Annual ROA Mid-Winter Conference in Washington, D.C., January 20-23, 2002.

ROA will pay registration for the recipient to attend all conference functions. However, ROA cannot pay for travel expenses to attend the conference, and program managers are encouraged to assist with travel support if their candidate is selected. Further information and nomination instructions can be obtained by contacting CAPT Paul Johnson at 712-252-3211. Nominations must be received no later than **October 31, 2001**.

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2001 SAME/U.S. Air Force Academy Engineering and Construction Camp

The Society of American Military Engineers (SAME) and the Air Force Academy's Department of Civil and Environmental Engineering sponsored the second annual SAME/U.S. Air Force Academy Engineering and Construction Camp this summer in Colorado Springs, Colorado.

Located on the grounds of the Air Force Academy's Field Engineering and Readiness Laboratory, the camp hosted 58 high school students from SAME posts as far away as Korea and Germany. The students are aspiring engineering students chosen and sponsored by their local SAME post to attend this one-of-a-kind hands-on learning experience. The students learned about construction materials and methods, hydraulics, and environmental engineering by participating in competitive team events. These events included design and construction of a sprinkler system, design and construction of reinforced concrete beams, construction of wooden storage sheds, erection of military temper tents, design and construction of a 5-gallon bucket throwing catapult, onsite environmental investigations, and laboratory soils and materials testing.

The students were divided into five teams and assigned an engineering Air Force Academy cadet as flight leader or commander and a technical mentor to advise them on technical issues. The mentors were junior engineering officers from the SAME member engineering Services (Army, Navy, Air Force, Coast Guard and Public Health Service (PHS)). Each activity was graded on a range or criteria and scored accordingly. At the end of the week the flight with the most points was announced as the overall winner. However, as senior SAME representative COL Ed Rapp, U.S. Army (Ret.), pointed out on many occasions, "We are not making winners and losers; we're just making winners."

Much of the time spent by students at the camp was structured around learning engineering principles. This included one of the most important engineering principles—teamwork. As the week progressed and competition increased, the students participated in several activities that helped develop their teamwork skills including the Air Force Academy's Leadership Reaction Course. This obstacle course (dubbed the thinking person's obstacle course) is designed to require a high degree of team effort to accomplish each station's objective. While each flight did not necessarily complete the assigned task at each station, the main objective of forging teams went exceptionally well.

While the camp was a lot of work, it was also a lot of fun. Students were given tours of the Air Force Academy, Cheyenne Mountain-NORAD (North American Aerospace Defense Command), competed in a volleyball tournament, and spent an evening of food and fun at the Flying W Cattle Ranch.

During the week, the students took one meal at the Air Force Academy's student dining facility. The way the cadets lived, worked, and ate became a major topic of conversation for some time after that. In fact, the topic of life at the academy became such a hot topic that the cadets decided to give the students an academy style wake-up call on their last morning. "You wanted a taste of the academy." "Well, here it is, WAKE UP!!!"

By the end of the weeklong camp the students had formed friendships, formed new ideas about what an engineer does for a living, and truly learned what teamwork is all about, but the most important thing about the camp was … the PHS mentored flight won the competition! Naturally.

If you would like to learn more about this unique opportunity, contact LCDR Nathan Tatum at 404-498-0455, NCT7@cdc.gov, or visit the SAME Education Subcommittee Web site at http://www.same.org/committees/cmtyfram.htm. □

Recent Deaths

The deaths of the following retired officers were reported to the Division of Commissioned Personnel:

Title / Name	*Date*
MEDICAL	
RADM Harry M. Meyer, Jr.	08/19/01
RADM Richard A. Prindle	09/11/01
NURSE	
CDR Marjorie E. Anderson	08/12/01
CAPT Barbara T. Lanigan	06/24/01
CAPT Marie M. Lech	08/03/01
CAPT Mary F. Luvisi	08/25/01
ENGINEER	
CAPT John F. Vinning III	08/02/01
SCIENTIST	
CAPT Joseph M. Butler, Jr.	08/24/01

□

Retirements – September

Title / Name	*OPDIV / Program*
MEDICAL	
REAR ADMIRAL (UPPER)	
Douglas B. Kamerow	AHRQ
CAPTAIN	
Ronald J. Waldman	OS
F. Lawrence Clare	HRSA
David T. Dennis	CDC
H. Marshalyn Yeargin-Allsopp	CDC
Virginia B. Kopelman	IHS
Carmen J. Allegra	NIH
DENTAL	
CAPTAIN	
Martin R. Cirulis	CG
Charles H. Detjen	CG
Norman L. Clark	HRSA
Bruce R. Johnson	IHS
NURSE	
CAPTAIN	
Gwendolyn Michel	HCFA
COMMANDER	
Ernestine Kearton Schnell	HRSA
Lois E. Desmedt	IHS
Christopher L. Lambdin	IHS
ENGINEER	
CAPTAIN	
Alwin L. Dieffenbach	CDC
Dennis W. Groce	CDC
Scott L. Hamilton	FDA
Steven J. Forthun	IHS
Chris W. Rhyne	EPA
John L. Schaum	EPA
SCIENTIST	
CAPTAIN	
Robert H. Hill, Jr.	CDC
ENVIRONMENTAL HEALTH	
CAPTAIN	
Richard S. Schurz	IHS
COMMANDER	
Carl T. Rybak	EPA
HEALTH SERVICES	
CAPTAIN	
Robert N. Burns	HRSA
Matthew L. Henk	HRSA
Elmon S. Crumpler	FDA

□

Chief Environmental Health Officer Named

The Surgeon General selected ***CAPT Randy E. Grinnell*** to be the Chief Environmental Health Officer for a term of 4 years beginning October 1, 2001.

CAPT Grinnell is currently the Director of the Office of Environmental Health in the Indian Health Service's Oklahoma City Area Office.

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Getting to the Corps: Career Enhancement and Recruitment Potential Through Inter-Service Transfer

Submitted by LCDR Sarah E. Atanasoff

As a recent inter-service transfer from the U.S. Army into the U.S. Public Health Service (PHS), I have discovered many positive aspects of the commissioned corps. I believe that inter-service transfers could play a major part in PHS recruitment efforts; and that associated recruitment efforts start with educating those Service members, who have decided to separate from their branch, about all the commissioned corps has to offer.

Foremost, that the PHS *exists* and that it is an entity composed of health professionals devoted to the improvement of all aspects of healthcare. Attributes unique to the commissioned corps that should be conveyed to potential recruits include the ability to have some control over billet assignments (including the length of time in a billet), the number and diversity of career fields available for health professionals (both clinical and non-clinical positions), and the wide range of Department of Health and Human Services' agencies having corps officer billets.

In addition, the commissioned corps allows members to be highly involved in their category—Professional Advisory Committees empower corps members to address specific corps issues in their category and facilitate change when needed. The mentoring programs within the commissioned corps take a step beyond traditional 'sponsorship' of new members, allowing newly commissioned officers to take advantage of valuable experience and knowledge gained by their colleagues. I have personally found PHS senior officers to be receptive to officers of lesser rank—they respect and listen to the ideas and comments of their 'troops.' These are all very positive features in a Uniformed Service, and potential recruits via inter-service transfer should be made aware of these features.

I transferred from the Army to the PHS after spending 6 years as a General Practitioner in the Pentagon's TRICARE Health Clinic. I was more than ready for a change within my career, and had decided that I wanted to explore a medically-related career outside of the clinical setting. This was not a feasible option to me as an Army Field Surgeon, so having already fulfilled my HPSP (Health Professions Scholarship Program) commitment I decided to separate from the Army. My current Army Clinic Commander suggested transferring to the PHS instead of separating from Uniformed Service entirely. *The Public Health Service?* I honestly didn't know much about the PHS to consider it as an option, but he put me in touch with the Medical Recruiter in the Recruitment and Assignment Branch (RAB), Division of Commissioned Personnel. Through that office and the Web site, I educated myself on the PHS Commissioned Corps. I applied and learned through RAB that I needed to find a billet. *You mean, I have the control over where I'd like to be?* I did some research, interviewed, and did just that. It is ironic that I have my Army Commander to thank for 'recruiting' me to the PHS Commissioned Corps.

Recruitment of quality officers is a constant effort for any Uniformed Service. There are quality health officers separating from the other branches of Service every year who may not be aware of the PHS Commissioned Corps at all. For PHS recruiters, there are some definite advantages to the inter-service transfer. The officers you recruit are already familiar and comfortable with a uniformed way of life, which they wear daily. They already know many of the benefits that apply to commissioned corps officers, i.e., rank structure, pay-rate, retirement, TRICARE, etc., most are already trained in their area, and if they are separating from their branch, most would be junior officers. There are some caveats as well regarding inter-service transfers: the other Service may take months to process the inter-service transfer, regardless if there is any remaining commitment left for the Service member (it took 6 months for my transfer, with no commitment left to repay the Army); and finding a billet is not always easy, so have the recruit get in touch with RAB, Web sites, and Commissioned Corps Liaisons for potential billets.

For Uniformed Service members outside the commissioned corps, who are planning on separating from their branch of Service, I would advise that they investigate the option of an inter-service transfer to the PHS Commissioned Corps. I have found the commissioned corps to be a better fit for me, personally and professionally. It is truly a unique way to broaden a career, have an impact on health from a global perspective, and continue to serve the United States. □

DEPARTMENT OF HEALTH & HUMAN SERVICES

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Human Resources Service
Division of Commissioned Personnel, Room 4-04
Rockville MD 20857-0001

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