



# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

Vol. XVIII, No. 4

April 2004

## Surgeon General's Column

April is National Organ/Tissue Donor Awareness Month. Are you a donor?

More than 83,000 Americans are waiting for an organ to save or enhance their lives. Eighteen Americans die each day waiting for an organ that never comes.

As a trauma surgeon, I have talked with people facing the most difficult crisis of their lives—the loss of a child or spouse—as they also wrestle with the difficult decision of whether to donate that loved one's organs and tissues. Those of you who have been through it yourselves know that it is both heartbreaking and life-giving at the same time. Families devastated by the loss of a loved one can take comfort in knowing that their loved one's organs and tissues have saved or improved up to 50 other lives.

As Surgeon General, I see the issue from a different vantage point. I see the numbers—more than 83,000 people waiting for transplants, 18 of whom die each day. Those numbers represent real people, with real lives, with loved ones who wait expectantly, and hopefully, and perhaps fearfully, knowing they cannot control the outcome but must depend on the goodwill of others. I see the discrepancies between donation levels at various major hospitals. I hear the myths surrounding the issue of organ donation, which prevent innumerable people from giving the gift of life.

Like Secretary Thompson, whose very first initiative as leader of the Department of Health and Human Services (HHS) was to implement the *Gift of Life Donation Campaign*, I am working hard to close the gap. Working closely with me, and taking the lead for public awareness and outreach on organ donations, is the Deputy Surgeon General, RADM Kenneth

Moritsugu. His outstanding service and commitment in this area draws upon his professional expertise and the personal loss of his wife and daughter, who were killed in two separate car accidents and whose donated organs became the gift of life for many others.

Many Americans simply do not know the facts about organ donation. And, as we know, in the absence of good information, bad information thrives. The myths about organ donation range from the 'seemingly logical'—"I have a history of illness; you wouldn't want my organs"—to the absurd, "If the hospital knows I am a donor, they will not try to save my life if I am in an accident." How do we overcome those myths? We overcome them with better information and increased health literacy. Better information will lead to increased donation. According to a 2001 study by the Agency for Healthcare Research and Quality, organ donations increase when families have good information about the donation process. The study found that:

- Families who knew about a patient's wishes were seven times more likely to donate organs than families who were unsure; and
- Families who met with organ donation professionals about the donation process were more than three times likely to donate organs than families who did not.

Secretary Thompson has made increasing public awareness and promoting organ, tissue, marrow, and blood donation the heart of his *Gift of Life Donation Campaign*. His goal is to reach all Americans through:

- The Workplace Partnership for Life. Nearly 10,000 companies and organi-

zations have signed up and have committed to build donor awareness among their employees;

- A model organ donor card so donors can easily share their decision to be donors with loved ones and co-workers;
- A model donation education package for high schools and driver education programs, so our Nation's youth will be prepared to make the donation decision that is right for them when they obtain their first driver's license; and
- A national forum on organ donor registries which looks at ways to improve the system.

We are also working to increase public awareness through the media. Last fall, the HHS-funded PBS documentary 'No Greater Love,' which highlighted the critical need for donors, won an Emmy. We have also targeted media to minority communities including radio ads and printed materials in 15 media markets with the highest numbers of Hispanics and African Americans. While minorities have typically

*(Continued on page 2)*

### IN THIS ISSUE . . .

Procedure for Reporting Sick Leave .....	2
Presidential Election Year Reminder .....	3
Series HH Savings Bonds .....	3
Commissioned Corps Awards Board .....	4
DCP Schedule of Events at COA .....	5
Travel Tips .....	7
BOTC Classes – January through March .....	8

## Surgeon General's Column

(Continued from page 1)

donated in proportion to their percentages of the population, they have a higher need for transplants due to the higher incidence of disease they face.

These are only some of the ways we are working to get the word out and improve health literacy about organ donation. These efforts are working. Secretary Thompson announced last month that organ donation was up 4.8 percent for the first 11 months of 2003. This is the most significant organ donation increase since 1998.

There is also very promising news when it comes to minorities. In 2003, donations among Hispanics increased by nearly 14 percent, and donations among African Americans increased by more than 11 percent.

In addition to increasing public awareness and making it easier for people to make and share their decision to become donors, we are also working with hospitals and organ procurement organizations to generate increases in organ donation. Most hospitals have donation rates ranging from 30 to 55 percent of their potential donors. Some hospitals, though, have donation rates over 75 percent. Clearly, there are discrepancies in the way the donation process works in various hospitals. We are working to close this gap as well by profiling the practices being used by these successful organizations and sharing them with others.

Congress recently passed the *Organ Donation and Recovery Improvement Act*, which will provide new funding to coordinate organ donation activities of hospitals and organ procurement organizations. The legislation also provides more resources to States to expand their public education and outreach efforts.

We are working in many ways to close the gap between the more than 83,000 people who need organs and the donors who can give them. As Public Health Service Commissioned Corps officers, we have the opportunity to work with our patients, our colleagues, and family members to make this vision of 'No Greater Love' a reality. If you are not already a donor, logon to—[www.organdonor.gov](http://www.organdonor.gov)—to find out how to become one, and encourage your colleagues and family members to do the same.

Americans are the most generous people on earth. When they know the facts about organ donation, and when we provide them the means to indicate their wishes in a simple way, they will respond overwhelmingly in their willingness to give the gift of life to others if their own lives are cut tragically short.

Let's keep working together on this most noble cause.

VADM Richard H. Carmona  
Surgeon General

## Subscribe to DCP Listserv to Receive Official E-mail Messages from DCP

The Division of Commissioned Personnel (DCP) maintains a self-subscribing mail list for distribution of important messages from the Acting Assistant Secretary for Health, Office of the Surgeon General, and DCP.

Anyone can subscribe to this Listserv; **all active-duty Public Health Service officers must subscribe.**

To join, send an e-mail message to—[listserv@list.psc.dhhs.gov](mailto:listserv@list.psc.dhhs.gov)—with no subject and a message in the following format:

- SUBSCRIBE DCP "your full name"
- Where "your full name" is, replace with your complete first and last name without the quotation marks.

**Important:** This list is self-maintaining. Therefore, if you change your e-mail address please signoff with the old address and subscribe again with the new address.



## Medical Affairs Branch

Officers are reminded that they are responsible for notifying their supervisors, as soon as possible, when they are incapacitated for duty because of illness or injury and for keeping their supervisors informed of their whereabouts during the period of absence from duty. Officers are also responsible for reporting sick leave on form PHS-1345, "Request and Authority for Leave of Absence." This form must be originated and completed by the officer and submitted to his/her leave granting authority for each period of sick leave of one day or more. The leave granting authority may require a

## Procedure for Reporting Sick Leave

signed form PHS-1345 for absences of less than a full day. The leave granting authority will forward the original of form PHS-1345 to:

Medical Affairs Branch, ATTN: MES, Room 4C-04, 5600 Fishers Lane, Rockville, MD 20857-0001. Also, a copy of the form must go to the officer's leave maintenance clerk.

Additionally, it is the officer's responsibility to see that medical reports of significant illness are submitted to the Medical Affairs Branch by the treating facility (see above address).

Supervisors are reminded that sick leave may be granted only when an officer is in need of medical services or is incapacitated by sickness, injury, or pregnancy. Supervisors may request documentation from the treating provider to support the request.

For further detailed information on use and reporting of sick leave, consult Commissioned Corps Personnel Manual INSTRUCTION 4, Subchapter CC29.1 at [http://dcp.psc.gov/PDF\\_docs/2914.pdf](http://dcp.psc.gov/PDF_docs/2914.pdf).

## Presidential Election Year Reminder

This is a Presidential election year and all officers are reminded that it is Public Health Service (PHS) Commissioned Corps policy that officers are strongly encouraged to carry out the obligations of citizenship including the free exercise of one's right to vote. In addition, officers may attend political rallies and fund-raising functions out of uniform, and contribute to most political campaigns. However, while PHS encourages officers to register, vote, and participate in the electoral process, officers should be aware that unlike their civilian counterparts, Federal law and regulation(s) prohibit officers from engaging in certain types of political activities. For example, PHS officers may **not**:

- Actively participate in 'partisan' political management or in a partisan political campaign, whether at the Federal, State, or local level. In this context, 'partisan' means affiliation with a political organization whose candidate for the President received one or more electoral votes in the prior presidential election;
- Raise funds, sell tickets, distribute materials, solicit votes, or make a speech as part of the campaign for a candidate for public office in a partisan election (these activities are also proscribed for independent candidates if there is any candidate representing a partisan political party);
- Assist in voter registration drives targeted to one party and may not work at the polls on behalf of partisan candidates or political parties acting as checkers, watchers, or in similar positions. Moreover, officers may not avoid

these requirements by confining political activities to after-hours or on weekends, by using annual or other leave, or taking a leave of absence; and

- Make political contributions to any Federal officer who is the 'employer or employing authority' of the contributor. This precludes making contributions to a re-election campaign of an incumbent President. This restriction does not apply to family members or to contributions made to national, State, or local committees of political parties, political action committees, or to other campaigns or organizations, subject to the limits enforced by the Federal Election Commission.

For more information on the types of political activities that officers may be permitted to engage in, officers are advised to review Subchapter CC26.1, INSTRUCTION 1, "Standards of Conduct," of the Commissioned Corps Personnel Manual available at [http://dcp.psc.gov/PDF\\_docs/2611\\_1.pdf](http://dcp.psc.gov/PDF_docs/2611_1.pdf); the PHS Standards of Conduct Memorandum available at [http://dcp.psc.gov/PDF\\_docs/Standards01.pdf](http://dcp.psc.gov/PDF_docs/Standards01.pdf); and the regulations contained at 45 C.F.R. 73.735-601-73.735.603 available at <http://www.usoge.gov>.

Officers are also advised to contact their Agency/Operating Division/Program Ethics Counselor(s) and/or the Division of Commissioned of Personnel at 301-594-3000 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 10 digits of the phone number—301-594-3000).



## Series HH Savings Bonds No Longer Offered After August 31, 2004

The Bureau of the Public Debt has announced that Series HH Savings Bonds will no longer be offered after August 31, 2004. HH bonds issued through August 2004 will continue to earn interest until they reach final maturity 20 years after issue. Owners of eligible Series E and/or EE bonds wishing to exchange them for Series HH Savings Bonds must do so before August 31, 2004. After that date, holders of eligible E and/or EE bonds may choose to invest the proceeds of maturing issues in marketable Treasury bills or notes at auction, or new Series EE or I savings bonds.

Owners of Series E or EE bonds wanting to complete an exchange prior to August 31, 2004 should complete Form PD F 3253, "Exchange Application for U.S. Savings Bonds of Series HH," and submit it with the bonds being exchanged to a qualified savings bonds agent. The form can be downloaded at—<http://www.publicdebt.treas.gov/NC/FoRMSHome?FormType=SBF>.

Financial institutions that serve as agents are able to help customers fill out the application form and forward appropriate materials to a Federal Reserve processing site or the Bureau of the Public Debt. The E/EE bonds being exchanged must have a minimum redemption value at the time of the exchange of \$500; there is no maximum. More information about Series HH bonds and the exchange transaction can be found on the Bureau's Web site—[www.treasurydirect.gov](http://www.treasurydirect.gov).

## Call for Nominations for the Health Services PAC

The Health Services Professional Advisory Committee (HS-PAC) provides advice to the Surgeon General and the Health Services Chief Professional Officer on professional and personnel issues related to the Health Services category.

Selections, which are based on the nominee's commitment to public health activities and specified criteria in the HS-PAC Charter (e.g., organizational, discipline, gender, minority representation), are made by the HS-PAC and approved by the Surgeon General. Appointment will be made for 3-year terms beginning January 1, 2005.

HS-PAC members are expected to obtain the necessary agency support to attend six scheduled meeting per year in Rockville, MD. With permission of the HS-PAC Chair, members stationed outside the Washington, DC area may participate in up to five of these meetings via teleconference.

A self-nomination form (which includes a space for supervisory approval) can be found on the HS-PAC Web page at—<http://www.usphs-hso.org>.

Please complete the self-nomination form and send it along with a current curriculum vitae (including a summary

sheet) and cover letter describing how your specific experience and expertise will benefit the HS-PAC. The completed package must be submitted via e-mail (e-mail is preferred; submit a scanned file of the signature page), mail, or fax by **June 15, 2004**, to:

LT Frances P. Placide  
Chair, Membership Subcommittee,  
HS-PAC  
P.O. Box 785  
Dillsboro, NC 28725  
Phone: 828-497-9163 ext. 499  
Fax: 828-497-5343  
E-Mail: [rances.placide@mail.ihs.gov](mailto:rances.placide@mail.ihs.gov)



## Flight Nurse Graduation Ceremony

On February 9, 2004, Chief Nurse RADM Mary Pat Couig participated in pinning flight wings on five Public Health Service (PHS) Commissioned Corps officers during Flight Nurse Graduation at the U.S. Air Force School of Aerospace Medicine, Brooks City-Base, TX.

These five officers are assigned to the Division of Immigration Health Services (DIHS). DIHS provides domestic and international medical escorts for individuals under the custody of the U.S. Immigration and Customs Enforcement, Department of Homeland Security.

During her visit, RADM Couig met with the Nation's leaders on education of aeromedical evacuation. The DIHS Aviation Medicine Program has been working closely with the U.S. Air Force in training PHS officers side-by-side with military personnel to create exposure, parity, and a solid academic foundation for the DIHS Aviation Medicine Program. DIHS presently has 12 officers who have successfully completed and graduated from the Flight Nurse course.



(Left to right) CDR Jacinto Garrido, LT Joseph Verge, LTJG Denise Morrison, RADM Mary Pat Couig, LT Karen Dorse, LCDR Paul Wetherill, and LT Angel Lasanta.

□

## Commissioned Corps Awards Board

**CAPT ANDREW NARVA** – *Recognized for Helping to Relieve Burden of End Stage Renal Disease in American Indian and Alaska Native Communities*

CAPT Andrew Narva was recognized with the Public Health Service Distinguished Service Medal for his innovative contributions to addressing the growing problem of end stage renal disease in American Indian and Alaska Native (AI/AN) communities. The award covers the period September 1989 to May 2002. As Chief Clinical Consultant in Nephrology and Director of the Indian Health Service's (IHS) Kidney Disease Program, CAPT Narva set national standards of care of AI/AN adults with renal disease and led the Nation in establishing renal replacement therapy services in geographically isolated and poverty-stricken communities. He also organized a multidisciplinary IHS/Tribal team approach to more effectively treat kidney disease.

CAPT Narva is truly a role model by serving as educator, researcher, and program director. As the only full-time IHS

nephrologist, he provides direct care at 10 IHS sites, and drives more than 25,000 miles annually to tribal communities throughout a 60,000 square mile area. CAPT Narva follows over 1,500 patients in consultation with primary care providers and manages more than 100 dialysis patients, exceeding the national average of 60 dialysis patients.

CAPT Narva improved AI/AN access to peritoneal dialysis and transplantation by developing a stable infrastructure to support reservation-based peritoneal dialysis that includes innovative follow-up care with dialysis unit staff team visits. He also improved care for AI/ANs with chronic kidney disease by working with IHS and Tribal officials in Albuquerque, Aberdeen, Billings, Navajo, Nashville, and Phoenix to develop reservation-based dialysis centers. To help increase AI/AN access to kidney transplants, CAPT Narva published studies on barriers to AI/AN transplants and implemented changes to reduce these barriers. Many have received transplants under his care, including two patients who did not receive dialysis, which is an

unusual event requiring meticulous planning and care.

CAPT Narva has worked tirelessly to promote interest in AI/AN renal disease by writing extensively and making presentations at national and regional conferences. He authored 10 journal articles, a chapter in the textbook *Primary Care of Native American Patients*, and contributed to a chapter on chronic renal disease in *Healthy People 2010*. He advocated for IHS-wide licensing of the comprehensive medical reference 'Up To Date', which is premier online reference database accessed by clinicians throughout Indian country. Resulting health care improvements influenced the IHS decision to renew the \$80,000/year annual subscription. He was recognized in 2002 by the National Council of Clinical Directors as 'Physician Leader of the Year' and by the Physicians Professional Advisory Committee to the Surgeon General as 'Clinical Physician of the Year' for his many efforts to improve the health of AI/ANs and other minorities bearing disproportionate burdens of kidney disease.

□

## DCP Schedule of Events at the Commissioned Officers Association's Meeting in Anchorage

Staff members from the Division of Commissioned Personnel (DCP) will present a number of classes at the U.S. Public Health Service Professional Conference in Anchorage, AK. These classes will assist officers in understanding how to navigate their careers, their electronic Official Personnel Folders, and the information available on the DCP Web site—<http://dcp.psc.gov>.

Please plan on attending one of these very important and informative classes. The schedule is as follows:

**SUNDAY, MAY 16, 2004 – 9 A.M. TO 11 A.M.**

**IT Presentations** with CAPT Bill Knight.

- 'WEB SITE 101' – This is an overview for using the DCP Web site. It is a focused session for those who are not completely comfortable using the Internet.
- 'TECHNOLOGY UPDATES' – This is a review of new technologies being used by DCP as well as planned uses (pending Office of Commissioned Corps Operations / Office of Commissioned Corps Force Management decisions) to meet the needs of the commissioned corps.
- 'COERS 2004' – Based on user feedback during DCP's first electronic Commissioned Officers' Effectiveness Report (COER) cycle, DCP has revamped the COER process and will be presenting the new version.
- 'TECHNOLOGY ROUNDTABLE' – Time set aside for technology folks to share information / wishes / helpful ideas to assist DCP in helping them.

**SUNDAY, MAY 16, 2004 – 11 A.M. TO 3 P.M.**

**Associate Recruiter Presentation** with Ms. Penny Coppola.

- 'ADVANCED ASSOCIATE RECRUITER PROGRAM (ARP)' – Training will focus on developing partnerships, recruitment role play, category break out groups, special pays, inter-service transfers, and creative recruitment strategies and networking.

**SUNDAY, MAY 16, 2004 – 3 P.M. TO 4 P.M.**

**'The Devils in the Details'** with CAPT Janet Dumont.

- This is a 1-hour session titled 'Just What is a Detail?' Once we define it, we move into the other idiosyncrasies—what are the types of details; who is eligible; and what are the pros and cons. We end with a discussion of future probabilities.

**SUNDAY, MAY 16, 2004 – 7 P.M. TO 9 P.M.**

**IT Presentations** with CAPT Bill Knight.

- 'WEB SITE 101' – This is an overview for using the DCP Web site. It is a focused session for those who are not completely comfortable using the Internet.
- 'TECHNOLOGY UPDATES' – This is a review of new technologies being used by DCP as well as planned uses (pending Office of Commissioned Corps Operations / Office of Commissioned Corps Force Management decisions) to meet the needs of the commissioned corps.
- 'COERS 2004' – Based on user feedback during DCP's first electronic Commissioned Officers' Effectiveness Report (COER) cycle, DCP has revamped the COER process and will be presenting the new version.
- 'TECHNOLOGY ROUNDTABLE' – Time set aside for technology folks to share information / wishes / helpful ideas to assist DCP in helping them.

**MONDAY, MAY 17, 2004 – 9 A.M. TO 12 NOON**

**Career Development Session** – with the Chief Professional Officers and CAPT Bill Knight.

- 'PHILOSOPHY OF CAREER DEVELOPMENT' with the Surgeon General or the Deputy Surgeon General (30 minutes).
- 'OFFICERSHIP PROMOTION TASK FORCE' with RADM Robert Williams and RADM Richard Wyatt (30 minutes).
- 'TOOL BOX' (what is available to officers) with CAPT Bill Knight.

This is a technology update; a review of new technologies being used by DCP as well as planned uses (pending Office of Commissioned Corps Operations / Of-

fice of Commissioned Corps Force Management decisions) to meet the needs of the commissioned corps (30 minutes).

- Break (15 minutes).
- 'CATEGORY TIME' – Meet at roundtables for category-specific discussion/presentation of career ladders (1 hour and 15 minutes).

**FRIDAY, MAY 21, 2004 – 9 A.M. TO 4 P.M.**

**Associate Recruiter Program (ARP)**

- INTRODUCTION TO ARP – This training will prepare Associate Recruiters for a recruitment event and will cover such topics as: how to get started in recruiting; booth set-up; Commissioned Officer Student Training and Extern Program; available recruitment tools; and much more.

**FRIDAY, MAY 21, 2004 – 7 A.M. TO 4 P.M.**

**'Retirement Seminar, Part I'**

**SATURDAY, MAY 22, 2004 – 8 A.M. TO 3:30 P.M.**

**'Retirement Seminar, Part II'**

The registration form for the Retirement Seminar is available on the 'Welcome' page of DCP's Web site—<http://dcp.psc.gov>. □

### Junior COSTEP Applications Due by April 30 for Positions During the Following September - December 31

**Reminder:** The deadline dates for submission of applications for the Junior Commissioned Officer Student Training and Extern Program (COSTEP) must be postmarked between January 1 and April 30 for positions during the following September through December 31.

For information/application, please visit—[www.usphs.gov](http://www.usphs.gov)—click 'Students' tab. If you need additional assistance, please contact the COSTEP Coordinator at 301-594-3360, 301-594-3543, or toll free at 1-800-279-1605. □



## Commissioned Corps Readiness Force

### **Keeping You Informed**

As of mid-March, the Commissioned Corps Readiness Force (CCRF) was involved in the following deployments:

- Dental mission to Camp Pendleton, CA;
- Pharmacy and nursing mission to Bethel, AK;
- CCRF officers represented the Department of Health and Human Services (HHS) during the 2004 NorthCom (Department of Defense) Exercise, "Unified Defense '04";
- CCRF officer represented the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP) in Los Angeles, CA, to participate in the writing of their local Catastrophic Incident Response Plan; and
- Physician, laboratorian, and pharmacist in Baghdad to support the Ministry of Health.

### **Catastrophic Incident Response Planning Meeting**

One CCRF officer deployed to Los Angeles, CA, to assist in the development of the Catastrophic Incident Response Plan. The Homeland Security Council at the White House requested this initiative and the Federal Emergency Management Agency (FEMA) spearheaded the writing of the plan. Los Angeles and New York City have been identified as pilot sites for developing the venue specific plans.

### **Unified Defense '04, February 18-25, 2004**

One CCRF officer represented HHS during the 2004 NorthCom (Department of Defense) Exercise, "Unified Defense '04." The exercise was multifaceted. Our officer deployed to Fort Sam Houston, TX, and represented HHS at the DFO (Disaster Field Office) for the 'Hurricane' portion of the exercise. Other PHS commissioned officers participated as representatives of FEMA/National Disaster Medical System.

### **Yukon Kuskokwim Health Center in Bethel, AK**

The Surgeon General activated CCRF to support the Yukon Kuskokwim Health Center in Bethel, AK. The center requested assistance from CCRF pharmacists and nurses because of a severe shortage of both at their facility. Because of personnel changes, the pharmacy staff was reduced by two-thirds. This resulted in a reduction in service to the extent that the pharmacy was closed during nights, weekends, and holidays and some pharmacy programs were discontinued. Beginning in February, CCRF pharmacists deployed in teams of two or three. CCRF nurses began deploying in March to assist with staffing in Ambulatory Care, Inpatient (Med-Surg), Operating Room, Obstetrics, and Emergency Room settings. Both missions are expected to end in May.

### **2004 Academy Awards**

The 2004 Academy Awards occurred on Sunday, February 29. In support of this event, HHS placed a number of assets on heightened alert in case of a weapons of mass destruction event. As a result, the Office of Public Health Emergency Preparedness requested support from CCRF. CCRF members responded by being on call for the day. Fourteen officers were placed on a West Coast Secretary's Emergency Response Team (SERT) and 10 were placed on an Incident Management Team for Washington, DC. All officers were ready to deploy locally or to the event if needed. A CCRF staff member was on duty in the CCRF office throughout the event.

### **Upcoming Responses**

The following events are scheduled for the next 5 months, and will require substantial numbers of CCRF members. We expect that our officers will function mainly as liaisons with State and local governments; Federal partners; and international players.

- G-8 Summit Meeting – Georgia in June
- Democratic National Convention – Boston in July
- Summer Olympics – Athens in August

- Republican National Convention – New York City in August

### **Completed CCRF Training**

Thirty-six officers recently attended a new version of 'Liaison Officer' training (LNO II). The Office of the ASPHEP provided the training. CCRF officers learned how they would serve as liaisons while deployed with the SERT. Liaison officers who attended this training may deploy in response to an emergency or special event and act as an HHS representative in the field with the SERT.

In March, one officer attended the Combat Casualty Care Course (C4) sponsored by the Defense Medical Readiness Training Institute (DMRTI) and four officers attended the Medical Management of Chemical and Biological Warfare (MMCBC) course co-sponsored by the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD) and the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID).

### **CentreLearn Update**

The CCRF online training program has been restructured to reflect the readiness level requirements of Manual Circular No. 375, "Readiness Standards for the Commissioned Corps of the U.S. Public Health Service and Implementation Plan for Physical Fitness/Body Mass Index/Body Fat Programs." CCRF's 'core' curriculum on the CentreLearn Web site—<http://ccrf.umbc.edu>—now contains the sessions required to meet the basic and intermediate readiness levels. The clinical curriculum remains in a folder called 'Clinical' and non-mandatory sessions have been placed in a folder called 'Optional.' These 'optional' sessions are *not* required to meet current readiness standards. Credit for previously completed sessions were retained when the new folders were created and are visible once the folders are opened.

### **Upcoming CCRF Training**

More than 70 CCRF officers have applied for Strategic National Stockpile (SNS) training. To increase the number of seats available to CCRF officers, we are engaged in discussions with the SNS

*(Continued on page 7)*

## Commissioned Corps Readiness Force

(Continued from page 6)

staff to once again offer a CCRF/SNS jointly sponsored course specifically designed for CCRF officers (formerly CCRF's NPS course). Details will be posted on the CCRF Web site in the "Training" section as they become available. Course participants will learn the importance of the SNS and the multitude of activities they will serve in while responding to an event requiring the deployment of the SNS.

April's Joint Operations Medical Managers Course, sponsored by DMRTI, was cancelled.

To apply for future CCRF advanced training, please visit the CCRF Web site at— <http://ccrf.hhs.gov/ccrf/training.htm>.



## Recent Deaths

*Note:* To report the death of a retired officer or an annuitant to the Division of Commissioned Personnel (DCP), please phone 1-800-638-8744.

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

Title/Name	Date
<b>DENTAL</b>	
<i>CAPTAIN</i>	
A. Fogle Godby	02/19/04
E. Walter Wolford	02/06/04
<b>NURSE</b>	
<i>CAPTAIN</i>	
Mary L. Brown	02/05/04
<i>COMMANDER</i>	
Marie H. Vanson	02/19/04
<b>ENGINEER</b>	
<i>CAPTAIN</i>	
Roger D. Lee	03/04/04
<b>SCIENTIST</b>	
<i>CAPTAIN</i>	
Libero Ajello	02/24/04
Archie D. Hess	02/06/04
<b>ENVIRONMENTAL HEALTH</b>	
<i>CAPTAIN</i>	
W. C. Miller, Jr.	03/06/04



## Keeping You Informed

### Separation Entitlements for Travel

Officers who have fulfilled their obligation to the Service are entitled to the following travel and transportation allowances upon separation:

- Travel and transportation for the officer and his/her dependents to Home of Record (HOR) or Place Last Entered Active Duty (PLEAD), whichever the officer elects.
- Six months of Non-Temporary Storage (NTS) at point of origin.
- Shipment of household goods (HHG) to HOR or PLEAD within the weight limits of the officer's rank status. This shipment **must** be initiated before the 181st day after separation.

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

Below is a better explanation of each entitlement:

#### TRAVEL AND TRANSPORTATION FOR OFFICERS AND THEIR DEPENDENTS

When an officer separates, he/she is entitled to travel and transportation allowances for himself/herself and immediate dependents. The dependents must be dependents at the time the orders for separation are effective. For the most part, this entitlement may be used until 6 months after the separation date occurs. The entitlement includes either air travel or the MALT PLUS (mileage in lieu of transportation plus per diem) plan. Remember, travel must be done so that it benefits the government to the greatest extent possible.

If an officer chooses air travel, the lowest rate possible to the government will be used for travel to the HOR or PLEAD. If an officer chooses to drive, the officer and his/her dependents are authorized the appropriate flat rate per diem, currently \$86 a day for the officer and a standard percentage of that per diem rate for each dependent, per travel day authorized. In addition, mileage will be paid per the standard Permanent

Change of Station (PCS) rate, currently \$0.15 per mile to \$0.20 per mile, depending on the number of dependents traveling. Currently, if the officer has dependents, two vehicles are authorized for travel and transportation.

#### SIX MONTHS OF NON-TEMPORARY STORAGE (NTS)

This entitlement is the one with which separating officers seem to have the most difficulty. **Please read carefully.** Separating officers are authorized 6 months of non-temporary storage (NTS) from the date the separation orders are effective. Period! In addition, officers **must** place their HHG in NTS at the **point of origin**. If an officer inadvertently ships his/her HHG to the HOR or PLEAD before the officer is ready to receive them, the officer is **not** entitled to NTS at the new location. If this occurs, and the officer has **not used any** NTS, a different regulation may help. At this point, the officer is entitled to 90 days of temporary storage and a possible a 90-day extension of storage for certain appropriate reasons at a location close to the officer's HOR or PLEAD, but beneficial to the government.

#### SHIPMENT OF HHG TO HOS OR PLEAD

Whether the officer uses storage or not, he/she is entitled to have HHG shipped to the HOR or PLEAD. This entitlement is also authorized for 6 months from the effective date of the officer's separation orders. The amount of HHG that an officer can ship to the HOR or PLEAD is regulated by the rank and dependent status. Officers can find the weight allowances on the Division of Commissioned Personnel's (DCP) Web site. This entitlement must also be initiated by the 181st day after separation. In hardship cases, there is a secretarial process to extend this allowance.

#### Travel Questions

If you have questions pertaining to your travel entitlements, check the 'Commissioned Corps Travel and Transportation Center' under 'Services' on DCP's Web site—<http://dcp.psc.gov>—or you may call or e-mail LCDR Ron Keats at 301-594-3376 / [rkeats@psc.gov](mailto:rkeats@psc.gov).





## Basic Officer Training Course Classes — January through March 2004

United States Public Health Service  
Commissioned Corps

### BASIC OFFICER TRAINING COURSE

JANUARY 6 - 8, 2004  
EMERYVILLE, CA

Members of the Public Health Service (PHS) Commissioned Officer Training Academy, Officer Support Branch, Division of Commissioned Personnel (CDRs D. Taylor, C. Wiseman, and LT Oyster, with support from CAPT F. Behan and CDR M. Timmons), traveled to Emeryville, CA, at the request of the Food and Drug Administration (FDA), to conduct a 3-Day Basic Officer Training Course (BOTC). The BOTC was held January 6-8, 2004 with foggy mornings, sunny afternoons, sporadic drizzle, and the opportunity to extend the class into the evening over dinner. The setting was overlooking the bay and the Golden Gate Bridge.

The class was completed by 61 officers mostly serving with FDA in the Western States in grades LTJG to



RADM. This program was a very large success due to the leadership of RADM B. Holman, organization of Mr. J. Wyman, 'Transformation' update by U.S. Army Colonel R. Saum, participation of individual officers, and the dedication of the presenters.

Upon completion of the BOTC, officers were provided with instructions to the Web-based Independent Officer Training Course (IOTC). Following successful completion of the IOTC, officers are awarded the PHS Commissioned Corps Training Ribbon.

United States Public Health Service  
Commissioned Corps

### BASIC OFFICER TRAINING COURSE

FEBRUARY 9 - 13, 2004  
ROCKVILLE, MD

The Public Health Service (PHS) Commissioned Officer Training Academy, Officer Support Branch, Division of Commissioned Personnel (CAPT F. Behan, CDRs D. Taylor, M. Timmons, C. Wiseman, and LT C. Oyster), conducted a 5-Day Basic Officer Training Course (BOTC), February 9-13, 2004 in the Parklawn Building, Rockville, MD. The class consisted of 32 newly commissioned officers in the beginning of their PHS careers. These officers traveled from 11 States and serve in 6 major Agencies/Operating Divisions/Programs of the Federal Government (Office of the Secretary, Food and Drug Administration, Indian Health Service, National Institutes of Health, Environmental Protection Agency, and Division of Immigration



Health Services in the Department of Homeland Security).

The class experienced classroom style presentations, uniform inspections, class-

room instruction, saluting exercises, Uniformed Service protocols, the National Naval Medical Center Uniform

*(Continued on page 9)*



## Basic Officer Training Course Classes — January through March 2004

(Continued from page 8)

Shop in Bethesda, MD, morning reviews of the previous night activities, Q&A sessions, ID card generation, the Metro, individual pictures in uniform with U.S. and PHS flags, a group picture with Surgeon General VADM R. Carmona, selection of Class Liaison (LT K. Beaman), large and small group dinners and evening experiences in Rockville, Bethesda, Washington, DC, and a closing ceremony on Friday, February 13.

The closing ceremony began at 2 p.m. with a class Processional, Presentation of Colors by the BOTC Class Color Guard (LT N. Hammonds, LTJGs C. Brucklier, D. Hanks, S. Peebles), National Anthem, 'Welcome Address' by CAPT F. Behan, 'Class Reflections' by LT J. Facey, 'Guest Speakers' CAPT J. Farrell, U.S. Navy (Ret.) (Executive Director, Commissioned Officers Association), CAPT E. Migliaccio, RADM W.C. Vanderwagen (upon return from Iraq), RADM R. Harry,

and 'The Charge' by Deputy Surgeon General RADM K. Moritsugu, followed by graduation with the presentation of BOTC Certificates with family and friends in attendance.

Bonds were formed; individual identities were generated. The class was energetic and positive. They arrived on Monday as 48 individuals, and left on Friday as 'One'—ready to serve the Nation as officers in the Public Health Service Commissioned Corps.

### United States Public Health Service Commissioned Corps

#### BASIC OFFICER TRAINING COURSE

FEBRUARY 24 - 26, 2004

DENVER, CO

Members of the Commissioned Officer Training Academy, Officer Support Branch, Division of Commissioned Personnel (CDRs D. Taylor, M. Timmons, and LT C. Oyster, with support from CAPT F. Behan and CDR C. Wiseman), traveled to Denver, CO, to conduct a 3-Day Basic Officer Training Course (BOTC), February 24-26, 2004. The BOTC was held at the request of the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), and National Park Service (NPS).

The course was completed by 63 officers serving with the CDC, EPA, NPS, Federal Bureau of Prisons, Food and Drug Administration, Health Resources and Services Administration, and Office of the Secretary, in grades LTJG to CAPT. Denver was 'warm' for winter, uniform inspections conducted by senior officers were precise, and birthday cake and singing made the course an experience to remember.

This BOTC was a very large success due to the class participation of officers,



leadership of senior officers, the assistance of the Rocky Mountain Branch of the Commissioned Officers Association (COA), daily mini-muffins, evening opportunities to continue the class over dinner, the inspirational address by COA Executive Director, CAPT J. Farrell, U.S. Navy (Ret.), and the expertise of the COTA staff.

Upon completion of the BOTC, officers were provided with instructions to the Web-based Independent Officer Training Course (IOTC). Following successful completion of the IOTC, officers are awarded the PHS Commissioned Corps Training Ribbon.

(Continued on page 10)

United States Public Health Service Commissioned Corps



## Basic Officer Training Course Classes — January through March 2004

(Continued from page 9)

United States Public Health Service  
Commissioned Corps

### BASIC OFFICER TRAINING COURSE

MARCH 8 - 12, 2004

ROCKVILLE, MD

The PHS Commissioned Officer Training Academy, Officer Support Branch (OSB), Division of Commissioned Personnel (DCP) (CAPT F. Behan, CDRs D. Taylor, M. Timmons, C. Wiseman, and LT C. Oyster) conducted a 5-Day Basic Officer Training Course (BOTC), March 8-12, 2004 in the Parklawn Building, Rockville, MD.

The BOTC class consisted of 48 newly commissioned officers (10 LTJG/O-2, 31 LT/O-3, and 7 LCDR/O-4) at the beginning of their Public Health Service careers. These officers traveled from 11 States and are serving in 11 major Agencies/Operating Divisions/Programs of the Federal Government (Office of the Secretary, Federal Occupational Health, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, Substance Abuse and Mental Health Services Administration, Federal Bureau of Prisons, Division of Immigration Health Services/Department of Homeland Security, Department of Defense, and U.S. Air Force).

The class experienced classroom style presentations, uniform inspections, classroom instruction, saluting exercises,



Uniformed Service protocols, the National Naval Medical Center Uniform Shop in Bethesda, MD, CAPT D. Canton (Acting Director, Division of Commissioned Personnel), CAPT J. Farrell, U.S. Navy (Ret.) (Executive Director, Commissioned Officers Association), morning reviews of the previous night activities, Q&A sessions, ID card generation, the Metro, individual pictures in uniform with U.S. and PHS flags, a group picture with Surgeon General VADM R. Carmona, evening experiences in Rockville, Bethesda, and Washington, DC, and a closing ceremony on Friday, March 12.

The closing ceremony began at 2 p.m. with a class Procession, Presentation of Colors by the BOTC Class Color Guard

(LT A. Chanlongbutra, LT S. Coleman, LT J. Lester, LTJG B. Emery), National Anthem, 'Welcome Address' by CAPT F. Behan, 'Class Reflections' by LTJG B. Denkinger, 'Guest Speakers' RADM A. Lawrence (Office of the Secretary), CAPT G. Stevens (OSB/DCP), and 'The Charge' by Deputy Surgeon General RADM K. Moritsugu followed by graduation with the presentation of BOTC Certificates with family and friends in attendance.

Bonds were formed; individual identities were generated. The class was energetic and positive. They arrived on Monday as 'One'—ready to serve the Nation as officers in the Public Health Service Commissioned Corps. □

## Call for Nominations for Pharmacist PAC

The Pharmacist Professional Advisory Committee (PharmPAC) is an advisory group composed of pharmacists representing Department of Health and Human Services (HHS) Agencies/Operating Divisions (OPDIVs) as well as non-HHS Programs that employ Public Health Service (PHS) pharmacists.

The PharmPAC provides advice and consultation to the Surgeon General and to the Pharmacist Chief Professional Officer on issues related to both the professional practice of pharmacy and the personnel activities of commissioned corps and civil service pharmacists. The

PharmPAC meets at least bimonthly in the Rockville, MD area. However, teleconferencing is available.

Nominations are being solicited from pharmacists who are interested in serving on the PharmPAC. Anticipated openings for the 2004-2007 term are listed below, but all nominations will be kept on file for future consideration.

Openings for 3-year terms beginning November 1, 2004 for PHS pharmacists serving in the following organizations include: Indian Health Service – 3 openings; Office of the Secretary – 1 opening;

and Ex-minimus – 1 opening. *Please note:* An ex-minimus member is defined as a pharmacist who represents a program routinely staffed by less than 10 PHS pharmacists. This currently includes the following: Agency for Healthcare Research and Quality; Agency for Toxic Substances and Disease Registry; Centers for Disease Control and Prevention; Centers for Medicare & Medicaid Services; Environmental Protection Agency; Program Support Center; and Substance Abuse and Mental Health Services Administration.

(Continued on page 11)



## Call for Nominations for Pharmacist PAC

(Continued from page 10)

If you are a PHS pharmacist, either commissioned corps or civil service, and are interested in representing your Agency/OPDIV/Program on the PharmPAC, please submit your curriculum vitae with a cover letter describing your interest and include the date of your first licensure as a registered pharmacist. Also, please provide a memo or letter of endorsement from your immediate supervisor.

All materials must be submitted by **May 30, 2004**, to:

LCDR Gregory S. Davis  
 Food and Drug Administration  
 HFD-615, Room N-128  
 7500 Standish Place  
 Rockville, MD 20855  
 Fax: 301-827-5911

If you would like to participate in PharmPAC activities as a nonmember, please volunteer to serve on one of the following sections and activities: Career Development (Emergency Response, Professional Guidance and Retention, and Public Health Issues); Recruitment (Associate Recruiter Program, Student Programs, Point of Contact Initiative, and Placement); Communications (Web site, Listservs, Events/Meetings, PLANT, and Community Interaction); and Administration (Awards, Membership, Charter, Data Analysis, History, Legislation, and External Pharmacy Affairs). Working with a section or activity is a great way to contribute while learning about the PharmPAC and its activities.

## Call for Nomination for Scientist PAC Membership

The Scientist Professional Advisory Committee (SciPAC) is seeking motivated commissioned corps and civil service scientists who are interested in serving as members on this committee. The SciPAC provides advice and consultation to the Office of the Surgeon General and to the Scientist Chief Professional Officer on professional and personnel issues. Members represent a cross-section of the disciplines, interest, concerns, and responsibilities of scientific professionals in Agencies, Operating Divisions (OPDIVs), and Programs that are staffed by Public Health Service personnel.

Each year nominations are sought to fill vacancies. The full SciPAC meets every other month with teleconference links, so travel is not required for membership. The term of appointment is 3 years and SciPAC members are expected to actively participate in at least one subcommittee during their term of service. Exciting opportunities await in the Mentoring, Emergency Preparedness, Recruitment and Retention, Visibility, Rules, Career Development, and Awards Subcommittees. More information about the SciPAC and membership responsibilities may be found in the Scientist Handbook, which is available on the category Web site – <http://usphs-scientist.org/handbook/Hbook-versions.htm>.

Commissioned corps and civil service scientists who are interested in serving are encouraged to self-nominate. Interested individuals should submit a current curriculum vitae, a one-page cover letter describing their interest, and a memorandum or letter of endorsement from their immediate supervisor. This information is due by **May 15, 2004** to the address below. Submissions by e-mail are encouraged. New appointment terms begin on September 1, 2004.

LCDR Daphne Moffett  
 SciPAC Vice-Chair  
 CDC/ATSDR, Mail Stop F32  
 1600 Clifton Road, NE  
 Atlanta, GA 30333  
 Phone: 770-488-3350  
 Fax: 770-488-4178  
 E-mail: zzc0@cdc.gov

## Retirements – April

<i>Title/Name Agency/OPDIV/Program</i>	<i>Title/Name Agency/OPDIV/Program</i>
<b>MEDICAL</b>	<b>ENVIRONMENTAL HEALTH</b>
<i>CAPTAIN</i>	<i>CAPTAIN</i>
Michael J. Linnan CDC	John G. Sery IHS
Benjamin Rodriguez BOP	Larry M. Solomon FDA
Philip H. Sheridan FDA	
Hugh K. Tyson DHS	<b>VETERINARY</b>
	<i>CAPTAIN</i>
<b>DENTAL</b>	John D. Bacher NIH
<i>CAPTAIN</i>	William M. Witt FDA
Marcellus Gladney IHS	
Galen B. Warren NIH	<b>PHARMACY</b>
	<i>CAPTAIN</i>
<b>NURSE</b>	George D. Armstrong, Jr. FDA
<i>CAPTAIN</i>	Jay D. McGath HRSA
Joann G. Burton HRSA	Ronald J. Pytel FDA
Jean F. Jenkins NIH	Ray D. Westerlage HRSA
Cecelia U. Reid IHS	David C. Wilcox BOP
Susan M. Rooks IHS	
	<i>COMMANDER</i>
<b>ENGINEER</b>	Steven G. Wintersteen IHS
<i>CAPTAIN</i>	
James A. Dinovo FDA	<b>HEALTH SERVICES</b>
Jeffrey J. Jaeger FDA	<i>CAPTAIN</i>
Carl E. Sullenger, Jr. FDA	Val J. Allen HRSA
	Carol A. Delany HRSA
<i>COMMANDER</i>	Keith C. Longie IHS
Florence L. Rainey PSC	
<b>SCIENTIST</b>	
<i>COMMANDER</i>	
Bruce H. Grant SAMHSA	



## Recent Calls to Active Duty

<i>Title/Name Agency/OPDIV/Program</i>	<i>Title/Name Agency/OPDIV/Program</i>	<i>Title/Name Agency/OPDIV/Program</i>
<b>MEDICAL</b>	Jean-Marie Viglienze IHS	<i>LIEUTENANT J.G.</i>
<i>LIEUTENANT COMMANDER</i>	Anchorage, AK	Blakeley I. Denkinger NIH
Jennifer A. Giroux IHS	<i>LIEUTENANT J.G.</i>	Bethesda, MD
Rapid City, SD	Thomas L. Mitchell III IHS	Diane M. Selleck IHS
<b>NURSE</b>	Anchorage, AK	Chinle, AZ
<i>LIEUTENANT COMMANDER</i>	<b>ENGINEER</b>	<b>HEALTH SERVICES</b>
Carrissa V. Sanchez IHS	<i>LIEUTENANT J.G.</i>	<i>LIEUTENANT COMMANDER</i>
Chinle, AZ	Brian M. Willoughby IHS	Cynthia V. Martinez NIH
<i>LIEUTENANT</i>	Rhineland, WI	Bethesda, MD
Allison Adams-McLean NIH	<b>PHARMACY</b>	<i>LIEUTENANT</i>
Bethesda, MD	<i>LIEUTENANT COMMANDER</i>	Candace Y. Hander USDA
Barbara A. Asher IHS	Jeffrey J. Tworzyanski FDA	Fresno, CA
Tahlequah, OK	Rockville, MD	Lisa W. Nelson BOP
Troy A. Bradwisch BOP	<i>LIEUTENANT</i>	Springfield, MO
Brooklyn, NY	Zachery L. Miller IHS	Lesley J. Preston IHS
Pamela J. Detsoi-Smiley IHS	Anchorage, AK	Polacca, AZ
Gallup, NM	<b>DIETETICS</b>	Kristi L. Shilt BOP
Diana L. Liebner BOP	<i>LIEUTENANT</i>	Springfield, MO
Terminal Isle, CA	Susan R. Jones IHS	<i>LIEUTENANT J.G.</i>
Sylvia M. Lynch BOP	Shiprock, NM	Debra S. Hall IHS
Houston, TX		Ogema, MN
David M. Magnotta IHS		Pascale D. Lecuire HRSA
Sells, AZ		Pagosa Springs, CO

□

### DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Division of Commissioned Personnel, Room 4-04  
Rockville MD 20857-0001

Official Business  
Penalty for Private Use \$300

**DATED MATERIAL**