

# Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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## Surgeon General's Column

*The world cannot be allowed to exist half healthy and half sick.*

— Leonard Scheele

Last month, I wrote about the devastating toll AIDS has taken on our country and the tragic loss in human life and monetary resources it is inflicting on the world. This message was never clearer than when I toured South Africa last month as part of the delegation assigned to assist with the binational meeting between Vice President Al Gore and South African Deputy President Thabo Mbeki to discuss the South African - U.S. Partnership Into the New Millennium. But AIDS is not the only global health problem we face.

Never before has the health of the populations of the world been more inextricably linked from one nation to the next than it is today. Today's epidemic easily could become tomorrow's pandemic, and we must be more committed than ever to maintaining a public health perspective on matters pertaining to global health. In an effort to stay on top of our global public health concerns, we are concentrating our efforts as primary initiatives: polio eradication, emerging and reemerging infectious diseases, tobacco use prevention and control, and violence and injury prevention.

### Polio Eradication

Of all our global health concerns, polio eradication is one of our most hopeful areas. Although we are on the verge of full global eradication within the next 3 years, we cannot afford to relax our efforts. Instead, we must strengthen institutional commitment and work even

harder than ever to mobilize the resources needed to fill the gap in global funding. We are in close collaboration with the World Health Organization, Rotary International, and the World Bank, as well as the Group of Eight (G8), the White House, and the National Security Council to reach full eradication of this disease. By continuing steadfastly on the path already started, we will see the day — not too far in the future — when polio will have gone the way of smallpox in the world.

### Emerging and Reemerging Infectious Diseases

Among the areas we are most concerned about are HIV/AIDS, tuberculosis, malaria, bioterrorism, and food safety, which pose the greatest risk for emerging and reemerging infectious diseases (ERIDS).

Every day 2 million people travel across international borders. Along with the benefits of faster and easier international travel also come greater threats to global health through the spread of infectious diseases. Since 1995, nearly half of all measles cases reported in the United States were introduced from other countries, and the last three measles outbreaks here originated in another country. Each year, the strains of influenza that affect the U.S. population occur first in other parts of the world.

In 1997, 39 percent of all tuberculosis cases reported in the United States were in foreign-born patients; in California, the rate approached an alarming 67 percent. In this decade alone, nearly 88 million cases of tuberculosis have been re-

ported throughout the world, which will result in 30 million deaths.

Combating ERIDS calls for international cooperation. For example, following the embassy bombings, we have been working with Kenya and Tanzania to ensure an emergency medical response system and a safe blood supply, and we helped establish the South Asian Infectious Disease Network. Our plans include collaboration with the World Health Organization under the Roll Back Malaria project and continued cooperation working on tuberculosis and bioterrorism under the Gore-Primakov Commission.

Food safety is also increasingly a global issue. The proportion of the food consumed in the United States but produced in another country continues to rise. In fact, 40 percent of fruits, 8 percent of vegetables, and 60 percent of seafood eaten in America come from abroad. By the same token, we transport a significant amount of food abroad. The risk of contamination through improper food growth and handling increases whether we are importing or exporting food.

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## Surgeon General's Column

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### Tobacco Use Prevention and Control

As more people in the developing world begin to use tobacco and suffer its effects, tobacco use prevention and control become more important on the global level. Currently, we experience 3.5 million tobacco-related deaths throughout the world each year. By 2020, if the present trend continues, we expect to see 10 million tobacco-related deaths each year. As much of the burden of those deaths quickly shifts to developing countries, we are sharing the lessons we learned in tobacco use prevention and control in the United States with other nations in hopes of alleviating future suffering and health care costs.

### Violence and Injury Prevention

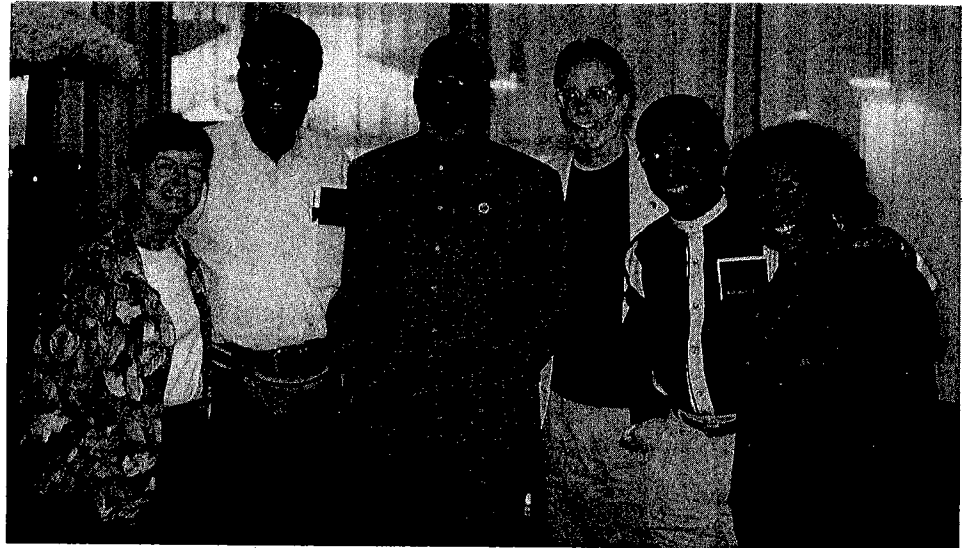
Violence in every form is detrimental to the health of individuals and communities in every country. As we explore the root causes of violence, we will examine its impact on public health. During the visit to South Africa, we discussed violence as a public health issue.

Our global health challenges require global-level cooperation. We realize that we need a global system of surveillance and response to protect the health of the world. With that in mind, we are ever more committed to continuing a series of long-established multilateral agreements with partners throughout the world to protect the dignity, health, rights, and the very lives of the world's populations.

ADM David Satcher  
Assistant Secretary for Health  
and Surgeon General



## Surgeon General Visits East Africa



Left to right: CAPT Nancy Hazleton, RADM Roscoe Moore, Surgeon General David Satcher, Mr. Ross Cox, Dr. Steve Blount, and Ms. Kaye Hayes-Waller at Heathrow (London) Airport on their way home from East Africa.

September 28 through October 3, 1998, Surgeon General David Satcher and a team of technical experts visited Nairobi, Kenya and Dar es Salaam, Tanzania, to perform a health needs assessment as a result of the Embassy bombings on August 7, 1998, and to offer assistance at the request of President Clinton.

ADM Satcher was accompanied by Dr. Betty Pfefferbaum of the University of Oklahoma School of Medicine, Dr. Etienne Massac of Howard University School of Medicine, Dr. Nils Daulaire of the Global Health Council, and Dr. Adel Mahmoud of Case Western Reserve School of Medicine. Public Health Service technical support staff to the delegation were: RADM Roscoe Moore and CAPT Nancy Hazleton of the Office of International and Refugee Health (OIRH), Dr. Stephen Blount and Mr. Ross Cox of the Centers for Disease Control and Prevention, and Ms. Kaye Hayes-Waller from the Office of the Surgeon General.

ADM Satcher met with the Ambassador to Kenya, Prudence Bushnell, and the Ambassador to Tanzania, Charles Stith, and representatives from the Ministries of Health, local medical associations, and hospitals. He also participated in wreath-laying ceremonies at the sites of the embassy blasts and toured several of the hospitals that received bomb blast victims.

The Surgeon General, as a result of this assessment, determined the following areas for Department of Health and Human Services (HHS) assistance: (1) immediate needs of the victims, including reconstructive surgery; (2) development of emergency response and disaster management capabilities, including enhanced blood safety; (3) blood banking services; and (4) development of public health surveillance systems.

The OIRH, along with other HHS Operating Divisions, is developing a strategy to address ADM Satcher's priority areas.

*Editor's Note:* In accordance with international agreements on the status of forces, PHS officers are not permitted to wear the uniform outside the United States unless assigned to another Uniformed Service whose regulations permit wearing the uniform. For this reason, the Surgeon General and the other PHS officers in the above photograph, which was taken in England, are not wearing the PHS uniform.



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

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

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

- (1) leadership in their area of expertise as it pertains to Hispanic health care issues;

- (2) accomplishments in Hispanic health care development, management, and/or improvement; and/or
- (3) organization and/or implementation of activities/programs that significantly improve Hispanic access to health care and health care services.

Nominations may be submitted by the Department's Operating Divisions (OPDIVs) and regional offices, private nonprofit groups, and others with special knowledge of Hispanic health issues and programs. Each nomination must be signed by the individual making the nomination, and in the case of an OPDIV or organization, the head of the OPDIV or organization should sign, and only one nominee should be submitted by each. Endorsements are encouraged since they provide verification and support. Nominations are due by **August 15, 1999**.

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

CAPT Jose F. Cuzme  
Past-Chair, HOAC  
Phone: 301-443-1851  
(or)

Ms. Lisa Flach  
HOAC Award Committee  
5600 Fishers Lane, Room 9A-27  
Rockville, MD 20857-0001  
Phone: 301-443-8646  
E-mail: lflach@hrs.gov

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## DCP Consolidates Information Technology Team

The Division of Commissioned Personnel (DCP) and the Business Systems Engineering Division (BSED) have merged. The former BSED staff and information technology staff from DCP will form the Information Services Branch (ISB) within DCP. This is a significant reorganization effort designed to enhance services to DCP customers.

BSED and DCP have provided services to the same program and individual customers for many years. In addition, BSED has provided the lion's share of DCP's internal computer needs. This merger of technical skills, historical knowledge, and commitment to service will greatly benefit the Department's Operating Divisions, the major programs that utilize Corps officers, and the commissioned officers who serve the Nation through the Commissioned Corps of the Public Health Service.

ISB will have primary responsibility for implementing DCP's vision for

technology services to its customers. Maintenance of legacy systems and data security will continue to hold a high priority. New client-server system development to improve the efficiency of internal processes in DCP is paramount in these times of government streamlining; doing more with less. These efforts have slowed somewhat this past year as systems experts revised legacy systems to assure data integrity as we roll over to the new millennium next January. Y2K efforts are nearly complete, so ISB can return its focus to new development. Web-based efforts focus on DCP customers' needs to quickly access data in formats determined by the customers themselves. Most of the user requirements for web-based reporting have come from numerous meetings with program customers.

In the near future, DCP's first products designed to allow programs and officers to *enter* data will be released to the Web. DCP recognizes that allowing offic-

ers and programs to directly enter data into DCP systems will improve both speed and accuracy, and will foster a more positive, cooperative relationship between DCP and its customers.

The commissioned corps has officers in over 500 duty stations, more than any other Uniformed Service. The officers and the programs that are served by the Corps need fast, flexible access to data output and the ability to initiate data input directly from those many duty stations. ISB is enthusiastic about exceeding customer expectations for information management. The vision of "everything you need will be a mouse click away" is truly not far away.

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## Nursing Recognition Day to be held May 7, 1999 – Surgeon General to Make Award Presentations

The Nursing Professional Advisory Committee of the Public Health Service (PHS) and the Office of the Chief Nurse will present their annual program on May 7, 1999, from 7:30 a.m. to 5 p.m., at the National Naval Medical Center Amphitheater, Building 10, in Bethesda, Maryland. This year's program is entitled "Nursing's Diversity: Meeting the Challenge of the New Millennium."

Timed to coincide with National Nurses Week, the program will include presentations on "The Challenge of Diversity for 2000 and Beyond," "U.S. Army and U.S. Navy Telehealth Programs for the New Millennium," and "Politics and the Professional Nurse." Speakers include, Sister Rosemary Donley, PhD, RN, ANP-C, FAAN, and Ms. Virginia Trotter Betts, JD, MSN, RN, FAAN. There will also be a panel presentation called, "Diversity of Opportunities in PHS Nursing."

During the luncheon, Surgeon General David Satcher will help present a number of awards to outstanding nurses who have been identified by their peers as promoting the mission of the PHS as well as advancing the practice of nursing. In addition to nurses within PHS, the program has also been targeted to members of the sister Uniformed Services as well as local hospitals and universities. Application has been made for Continuing Nursing Education Credits.

The uniform of the day for PHS Commissioned Corps personnel is the summer white uniform. Other uniformed personnel will be in regular duty uniform, and civilian personnel will be in business dress.

Additional information and registration forms can be found at web site <<http://www.hhs.gov/progorg/nursing/phsfr.htm>> or by calling Ms. Brenda Wise at 301-443-0577.

## Bicentennial Events in Washington State



*Ms. Stacy McKay (front row left) and Ms. Lucy John in Yakama tribal dress at the Indian Health Service center in Toppenish with Public Health Service staff (left to right) John Parascandola, Ph.D., LCDR Sharon John, CDR Marjorie Slagle, CAPT Andy Stevermer, and CAPT Richard Lyons.*

As part of the 200<sup>th</sup> anniversary of the U.S. Public Health Service (PHS), Region X's Regional Health Administrator, CAPT Richard Lyons, and the Evergreen Branch of the Commissioned Officers Association (COA) recently coordinated two memorable events in central Washington State. On January 27, 1999, CAPT Lyons, accompanied by the PHS historian, Dr. John Parascandola, and 15 local PHS officers honored the Yakima County Health District for its ongoing role in working with the PHS in setting and maintaining a national model for community health standards. In recognition of the significant public health accomplishments of these Federal and local government agencies, Ms. Mary Selecky, Acting Secretary of the Washington State Health Department, commended the progress in immunizations and computer-assisted tracking of communicable diseases.

Next on the day's agenda for these dignitaries was a visit to the nearby Indian Health Service (IHS) center in Toppenish, Washington. Ms. Colleen Reimer, the Service Unit Director, and CDR Marjorie Slagle, Family Nurse Practitioner, hosted an introduction and tour of this 8-year old outpatient facility which serves more than 20,000 Native Americans. LCDR Sharon John, a Yakama Umatilla Native American, provided an overview of these tribes' socio-

cultural background. Twenty-three PHS officers of all health disciplines are an integral component of the 130 member clinic staff.

Luncheon at the Cultural Center featured presentations by PHS members as well as Yakama tribal representatives in testimony to the joint endeavors and accomplishments of IHS and the Yakama nation. The key speakers included CAPT Lyons, Dr. Parascandola, Ms. Reimer, Ms. Selecky, and Mr. Ross Sockzehigh, Tribal Council Vice Chairman. COA updates were then provided by CAPT Andy Stevermer, COA's Evergreen Branch President.

These tributes at the Yakima County Health Department and the Yakama IHS center truly depict the diversity and dedication of PHS officers stationed throughout the country. The Yakama IHS's mission statement reflects these concepts well: "Our mission is to work in partnership with the people to improve the health and environment and to promote individual wellness within our Native American Community."

