



Commissioned Corps BULLETIN

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Surgeon General's Column

One of our greatest commitments as members of the Public Health Service Commissioned Corps is recognizing that to the extent that we care for the needs of the most vulnerable among us, we do the most to protect the health of the Nation. The same is true on a global scale. To the extent that we protect the health of those most vulnerable globally, we do the most to protect the health of the world, which is why our approach to public health must be global in its outlook.

When it comes to the HIV/AIDS pandemic, no one is more vulnerable today than sub-Saharan Africa, where 70 percent of the world's HIV/AIDS infections are found. That is why it was so significant that this year's World AIDS Conference was held in Durban, South Africa—the first time ever in its 13-year history that the conference was held in a developing country. This gathering was long overdue since 90 percent of the world's HIV/AIDS infections are in developing countries.

I had been to South Africa several times, most recently last year with Vice President Gore to advance the Gore-Mbeki Binational Health Subcommittee. But to many in our delegation who were visiting that country for the first time, Durban's beauty and its big city modernness came as a great surprise. Its pace resembled that of any major American metropolitan area.

Nevertheless, the picture we saw when we visited a local orphanage and the rows of hospital beds we witnessed during a visit to a local clinic were no pretty sites. It's one thing to read that in sub-Saharan Africa, there are a startling 24.5 million HIV/AIDS infections; it's another thing to be in the midst of the epidemic and witness its

ravaging effect all around you in hospitals, clinics, and in orphanages.

Despite the sheer magnitude of this problem, several things happened that left me feeling confident that this is far from a hopeless situation.

First, the theme of the conference was "Breaking the Silence." I believe it did that and more. Not only did widespread media attention focus the world's eyes on the problems in sub-Saharan Africa, the ensuing discussion that took place will likely serve as the much-needed catalyst toward major progress ahead. I believe we will be reaping the benefits of what occurred in Durban in July 2000 far into the future.

Second, the conference brought together all of the necessary key players from around the globe who can make a difference in this epidemic. Eleven thousand people assembled to discuss ways to get beyond the stigmas and denial that allow the disease to maintain its grip. Many left the conference with a pledge of a renewed vigor toward the work ahead and the role they can play in lessening South Africa's burden. The Gates Foundation, the Kaiser Family Foundation, multiple drug companies, and governments are for the first time talking about new collaborations with African countries to develop effective and more comprehensive responses to both prevention and treatment needs. Much can be accomplished when the right people come together to discuss and work toward solutions around an issue.

Third, the conference highlighted clearly the way that the epidemic increasingly makes the poor its target. It picks populations where information flows slowly, behavior change does not come easily, and funds are not available

to take advantage of the latest technology. But it also highlighted African countries which, despite their limited resources, have been successful at putting prevention into practice. Senegal has turned its high HIV/AIDS infection rates around and Uganda has maintained some of the lowest HIV/AIDS infection rates of all the sub-Saharan countries, because they implemented aggressive prevention strategies and shared messages with their citizens that have resulted in keeping the disease in check. Likewise, although the challenge of developing an AIDS vaccine was clearly defined, what was also clear is that it is not hopeless.

The pandemic has been compared to the plague of the 14th century and the influenza pandemic of 1918. However, increasingly the HIV/AIDS pandemic looks like the worst infectious disease outbreak in recorded history.

One of our commitments as members of this global community is to ensure optimal health and safety. It's clearly going to take all of us—here in the United States and throughout the world—working together to continue the priority of protecting the world's health.

ADM David Satcher
Assistant Secretary for Health
and Surgeon General



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Commissioned Corps Readiness Force

CCRF Welcomes New Director

CAPT John Babb joined the staff of the Office of Emergency Preparedness (OEP) as the new Director, Commissioned Corps Readiness Force (CCRF), on July 10, 2000. CAPT Babb brings to CCRF many years of professional medical management, along with an extensive background in administration and program development. He joins CCRF from the Federal Bureau of Prisons (BOP) where he served as the Chief of Health Programs as well as the Director of Pharmacy Services. He has been a member of CCRF since its inception in 1995 and served on the CCRF Planning Committee for 2 years until 1997. His wealth of experience in responding to urgent healthcare delivery challenges will allow him to make a valuable contribution to OEP's programs and to the Corps.

OEP would also like to express its appreciation to CAPT Veronica Stephens for her service as Acting Director, CCRF, since the retirement of RADM Webb Young. During this period, CCRF has been far from static, deploying six times and further developing its operating principles.

Ready Rosters in Operation

The first rotation of ready rosters has been approved and is being piloted during July - October. The purpose of these ready rosters is to pre-approve officers for timely and efficient deployment. Officers will be on-call for one month and serve on back-up call for an additional month. Full details on the ready roster process as well as detailed lists of the rosters themselves are available on the CCRF web site - <http://oep.osophs.dhhs.gov/ccrf> - by clicking on the CCRF logo.

CCRF Augmentation of PHS-1 DMAT at Fort Pickett

The PHS-1 Disaster Medical Assistance Team (DMAT) provided clinical and preventative medicine support to the Maryland and Virginia Army National Guard's summer annual training. This year the CCRF provided augmentation support to the PHS-1 DMAT during this mission. This deployment served the dual purpose of allowing PHS-1 to successfully fulfill their mission as well as providing excellent field experience and training to the CCRF personnel. CCRF augmented PHS-1 nursing assets (LCDR Lucienne Nelson, CAPT Kenneth Marmon), preventative medicine assets (CDR Lori Brown), and medical records assets (LCDR Cheryl Wiseman).

CCRF Web Site

Please remember that CCRF members are responsible for keeping their data current. This is particularly important for cardiopulmonary resuscitation (CPR) training. Each CCRF member must make certain that the database accurately reflects a current status for CPR training. Currency in CPR is a mandatory requirement for assignment to a ready roster.

All CCRF members should remember to visit the CCRF web site frequently to check for news and to update any changes to personal information - <http://oep.osophs.dhhs.gov/ccrf>

Any commissioned officer interested in applying for membership in CCRF may do so online at the CCRF web site. Simply click on 'Apply' and follow the online 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' from the CCRF Home Page. The CCRF Command Staff may be reached by e-mail at - ccrf@osophs.dhhs.gov

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APAOC Call for Nominations for the Third Annual Samuel Lin Award and Second Annual Junior Officer Award

The Asian Pacific American Officers Committee (APAOC) is pleased to announce the call for nominations for the Samuel Lin Award (for officers O-5 and above), and the Junior Officer Award (for officers O-4 and below). These awards have been developed to promote the future leadership of Asian Pacific Americans in the Public Health Service by honoring members of the commissioned corps or equivalent civil service professionals who have made significant contributions to the advancement of the Nation's health. Last year, the Samuel Lin Award was presented to CAPT Rao Surampalli of the Environmental Protection Agency, and the Junior Officer Award was presented to LCDR Margarita Rivera of the Health Resources and Services Administration stationed at the Kokuu Kalihi Valley Health Center, Hawaii.

Nominations must include:

A. Nomination cover sheet. It should include the following:

Name and Rank
Position Title
Work Address
Work Phone
Proposed Citation
Nominated by
- Work phone
- Relationship to

B. Narrative, not to exceed two pages (font size 10 or 12), that describes the following:

1. The nominee's contribution to the advancement of the Nation's public health. Nomination should address the impact of the work and the role of the nominee;
2. The leadership of the nominee in the work being cited (e.g., providing vision or direction; developing an innovative approach; initiating significant activities; pursuing ongoing professional development; mentoring; etc.); and

3. Involvement of the nominee in health-related professional or community organizations or activities.

C. Current curriculum vitae.

Nominations may come from a supervisor, professional colleague, or anyone who through a professional working relationship can attest to the impact of the nominee's contribution to the advancement of public health. Self-nominations will not be accepted. Nominations will be accepted through **September 30, 2000**. No exceptions will be made.

Please send eight copies of the above items to:

LCDR Steven S. Yoon
CDC/EPO (MS K-72)
4770 Buford Highway
Atlanta, GA 30341
Phone: 770-488-8490
FAX: 815-371-1272
E-mail: say7@cdc.gov

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Health Services Professional Advisory Committee Presents Social Worker Awards



(Pictured left to right) *RADM Kenneth P. Moritsugu, Deputy Surgeon General (Award Presenter); CAPT Vivian T. Chen, Chief Professional Officer; CDR Barbara Olaniyan, Awardee/Clinical; CDR (now CAPT) Richard G. Schulman, Chair-Elect, Social Work Professional Advisory Group (SWPAG); CDR Peter J. Delany, Awardee/Research; and CDR Henry Lopez, Jr., Chair, SWPAG.*

The Health Services Professional Advisory Committee presented social worker awards at a professional speciality luncheon held on June 10 at the Commissioned Officers Association's Public Health Professional Conference in Scottsdale, Arizona.

CDR Peter J. Delany received the *2000 Social Worker of the Year Award - Research*. He was recognized for "Outstanding leadership in promotion of critical public health research and commitment to public health social work services."

CDR Delany's career as a public health social worker spans 16 years including the last 8 years as a commissioned officer with the Public Health Service (PHS) assigned as an extramural scientist at the National Institute on Drug Abuse (NIDA). During the past 8 years, CDR Delany has provided national leadership in the development and management of innovative health services research aimed at improving drug abuse and prevention treatment services for the Nation's 5.5 million individuals with serious drug abuse problems. During the course of his career, CDR Delany has sought out opportunities to work collaboratively with colleagues in other agencies to increase the impact of re-

search programming, and he developed national meetings to disseminate research findings to practitioners, policymakers, and other researchers who have the capacity to change the way drug abuse prevention and treatment are practiced in the U.S. CDR Delany has especially distinguished himself as a leader in the field of public health services research with drug abusers involved with the criminal justice population.

He currently serves as the Acting Deputy Director of the Division of Epidemiology, Services, and Prevention Research, NIDA, where he is responsible for a research program of \$116 million that includes some of the Nation's most important studies measuring the causes, correlates, and consequences of drug abuse as well as interventions to prevent and treat drug use among individuals, families, and communities.

CDR Delany began his Corps career as Social Science Analyst with the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) in Rockville, Maryland. Prior to accepting a commission in PHS and joining ADAMHA, he taught at both The Catholic University of America, where he received his doctorate in social work, and at The University of North

Carolina, Chapel Hill. He is a licensed clinical social worker and a member of the Academy of Certified Social Workers with 18 years of experience in fields of addictions and mental health.

CDR Delany, a regular corps officer, has received numerous PHS Commissioned Corps awards including the Commendation Medal, Achievement Medal, PHS Citation, Unit Commendation, National Emergency Preparedness Award, and two Crisis Response Service Awards.

CDR Barbara Olaniyan received the *2000 Social Worker of the Year Award - Clinical*. She was recognized for "Dedication to excellence, demonstration of leadership, organizational loyalty, and clinical expertise while assigned to the District of Columbia Commission on Mental Health Services."

CDR Olaniyan is currently assigned to the District of Columbia Commission on Mental Health Services (DC/CMHS), St. Elizabeths Campus, Forensic Inpatient Services Division. She has served DC/CMHS as a clinical social worker since her commissioning in 1991. The Forensic Inpatient Services Division is charged with serving adults who are referred or committed to its program through the judicial system. The Courts control both admission and discharge from the Forensic Inpatient Services Division.

As a senior clinician, CDR Olaniyan performs both clinical and administrative duties and provides a variety of psychosocial interventions to a diverse population of patients. She serves as a leader on treatment teams and provides a level of expertise that substantially facilitates the completion of the teams' missions. She is also responsible for implementation of a therapeutic program for approximately 270 dually diagnosed patients (i.e., those with mental illnesses and substance abuse problems), and currently serves on the DC/CMHS Ethics Committee.

CDR Olaniyan serves as mentor to newly commissioned officers at DC/CMHS, has served in a volunteer capacity in numerous organizations critical to the operation and development of the Corps, and volunteers extensively with her community.

CDR Olaniyan is an example of a dedicated, enthusiastic, outstanding social worker.

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Equal Opportunity – Questions and Answers

On October 13, 1999, the Surgeon General issued INSTRUCTION 6, Subchapter CC26.1, "Equal Opportunity: Discrimination Complaints Processing," of the Commissioned Corps Personnel Manual (CCPM). The INSTRUCTION establishes the rights of commissioned officers to be free from discrimination and reprisal for filing discrimination complaints. It also establishes the procedures to be used by active-duty officers in processing complaints. The INSTRUCTION is available on the Division of Commissioned Personnel's (DCP) web site – <http://dcp.psc.gov>

The following questions and answers address some of the common concerns raised by officers.

- (1) **Q.** What is an equal opportunity (EO) complaint, and when is it appropriate to file one?
- A.** An EO complaint is an allegation of discrimination or reprisal based on race, color, religion, sex, national origin, or to a limited extent, age or disability. It is appropriate to file one when you believe you have been subjected to harassment or discrimination based upon race, color, religion, sex, national origin, or to a limited extent, age or disability.
- (2) **Q.** Do I follow the same procedures as my civilian co-workers?
- A.** No. In civil service, equal employment opportunity (EEO) counseling is an absolute prerequisite for filing a formal complaint and will not be waived under any circumstances. Although counseling is highly recommended as a first stage in the complaint process, commissioned officers can file a formal complaint from the outset. Also, since commissioned officers are not covered by laws related to discrimination on the basis of race, color, religion, sex, ethnicity, age, and disability, certain avenues of redress available to civilians, such as appeals to the EEO Commission (EEOC) and the court system are not available.
- (3) **Q.** How do I file an EO complaint if I am detailed to another organization?
- A.** Members of the Public Health Service (PHS) Commissioned Corps who are assigned or detailed to another Agency or organization may only file a complaint under the procedures specified in INSTRUCTION 6, Subchapter CC26.1 of the CCPM when the subject of the complaint is a matter under the control of the De-

partment of Health and Human Services (HHS). For matters not under the control of HHS, the officer must file his or her complaint with the Agency or organization to which detailed, in accordance with the Memorandum of Agreement between the HHS and that Agency or organization.

PHS commissioned officers detailed to the United States Navy, Marine Corps, Army, Air Force, and Coast Guard remain subject to the law of the Armed Forces to which detailed. EO complaints filed by these officers will be processed in accordance with the procedures of the Service to which detailed.

- (4) **Q.** Is there a time frame for filing a complaint?
- A.** Yes. Officers have 60 days after an offending incident or occurrence in which to reach an informal resolution or to file a formal complaint. Officers are encouraged to seek informal resolution of a complaint during that 60-day period.
- (5) **Q.** What is the difference between the informal and formal processes?
- A.** Officers who wish informal resolution may seek counseling through the Operating Division (OPDIV)/Program EEO office or official, or may seek informal resolution through his or her administrative chain, beginning with the immediate supervisor.
- In the formal process, a written complaint is submitted to the EEO officer who reviews the complaint for jurisdiction and to insure that it was filed in a timely manner; it raises EO issues; that equal employment procedures were followed; that the complainant has not separated from the Corps; and that the complaint is not an abuse of the process. If the complaint is accepted, an investigation is conducted. The EEO officer prepares a Report of Investigation (ROI) which consists of a detailed, complete, and accurate written record of all the information developed in the investigation which supports or refutes the significant charges made by the complainant. The ROI is then provided to the complainant for review. Within 30 days of receiving comments from the complainant, the EEO officer prepares his or her recommended decision for transmittal to the Surgeon General.

- (6) **Q.** How do I go about filing a complaint?
- A.** Going the informal route, you consult an EEO officer and/or request an assignment of an EEO counselor. Cooperate fully with the efforts of the EEO counselor to provide advice, establish facts, and adjust matters giving rise to the allegations.

-or-

You can discuss the matter with your supervisor and seek an administrative resolution. If the matter is not resolved at this level, you may request Alternative Dispute Resolution (ADR) or choose to elevate the complaint to the second line supervisor.

The formal process begins with the submission of a written and signed discrimination complaint to the EEO officer. The complaint includes a statement of the issues, the date of the event, and the basis of the discrimination. *It must also identify the desired outcome or remedy that you are seeking.* The complaint is addressed to the EEO officer for the organization in which the alleged act of discrimination occurred. Attempts taken to resolve the matter at the informal level must also be included.

- (7) **Q.** Do I need representation? What kind of assistance is available to me?
- A.** Representation is not required, however, you may have a representative of your own choosing at all stages of the pre-complaint and complaint processes. EEO counselors and your OPDIV/Program Commissioned Corps Liaison are available to give you guidance. Legal counsel may be obtained at your own expense as may be considered necessary to prosecute a complaint.
- (8) **Q.** What is ADR?
- A:** ADR is the acronym for Alternative Dispute Resolution. ADR describes a number of techniques which provide alternatives to the traditional mechanisms—negotiations and litigation—for resolving EO conflict. ADR techniques are generally voluntary, consensual, and convened by a neutral third party.
- (9) **Q.** Can I appeal an EO decision? To the EEOC? To Court? To the Board for Correction of PHS Commissioned Corps Records?

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Equal Opportunity – Questions and Answers

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- A.** PHS commissioned officers are not covered by anti-discrimination legislation. As such, there is no recourse through the EEOC or the court system. You can make application to the Board for Correction of PHS Commissioned Corps Records after exhausting the administrative avenues (EO) open to you.
- (10) Q.** What is the effect of filing an EO complaint on pending grievances, Board for Correction of PHS Commissioned Corps Records, and Board of Inquiry actions?
- A.** When allegations of discrimination are raised in connection with a grievance, processing of the grievance is terminated with respect to those allegations. Similarly, when allegations of discrimination are raised in connection with a Board for Correction of PHS Commissioned Corps Records, the Board for Correction will dismiss the application to allow you to exhaust EO and other relevant administrative processes.
- When an allegation of discrimination is made in connection with an adverse action, the question of discrimination may be presented together with the adverse action for review and recommendation by the Board which considers the adverse action.
- (11) Q.** How can the EEO officer of the OPDIV against which I filed a complaint handle the complaint objectively?
- A.** EEO officers are trained professionals whose duties are to uphold the EEO/EO laws, regulations, and policies. In carrying out these duties, formal complaints are investigated by neutral third parties, usually contractors. These individuals provide an objective review of the facts. The final decision is made by the Surgeon General.
- (12) Q.** Civilian personnel can get money as a result of winning an EEO claim. What remedies are available to commissioned officers?
- A.** Members of the Uniformed Services are considered fully compensated for injuries sustained in the line of duty. Therefore, compensatory damages are not available to members of the Uniformed Services who were victims of discrimination. However, administrative actions can be taken to correct injustices. This includes correcting records to remove any offending documents and reassignments. Additionally, disciplinary actions may be taken against the officer or employee who has been found to have engaged in discriminatory conduct.
- (13) Q.** I filed an informal complaint on October 30, 1998. I was unable to resolve the complaint and filed a formal complaint on January 1, 1999. I am confused about my rights in this matter.
- A.** The 1998 change in the law is presumed to be prospective. Therefore, since the incidents occurred prior to the change in the law, and since it appears that you filed in a timely manner, your complaint should be processed in the same manner as a civilian employee. That means that you have the right to review by the EEOC or by Federal Court. It also means that you may be awarded damages and attorney fees if you prevail on your claim.
- (14) Q.** I am seeking an informal resolution of my complaint. I am willing to settle the case if my supervisor reimburses me for the full cost of my attorney, the cost of my medical care, and the time I missed from work. A lump sum payment of \$25,000 should resolve this matter.
- A.** The Department encourages officers to settle complaints at the lowest administrative level possible. Whether or not the settlement can include monetary payment depends on whether the cause of the complaint arose before or after November 13, 1998. If it arose before November 1998, the Agency can negotiate a settlement that includes the payment of cash. However, if the cause of the complaint arose after November 13, 1998, settlement will not include payment of cash. As a commissioned officer, you remain in a pay status even if you miss work due to illness or stress. As members of a Uniformed Service, commissioned officers are presumed compensated for injuries incurred in the line of duty. This theory is based on the fact that commissioned officers do not accrue sick leave, but are granted sick leave as needed for incapacitation or illness. Also, officers may be entitled to disability pay as determined by the Surgeon General, if the officer is found not fit for full duty as a result of a service-connected disability.
- (15) Q.** I believe that I was not selected for an assignment that could improve my chances of promotion, solely because of my sexual orientation. I believe that I was the best qualified candidate for the position. I know that the military rule is "don't ask, don't tell." However, since PHS does not come under the Uniform Code of Military Justice, this does not apply.
- A.** In a special message dated December 6, 1993, the Secretary, HHS, issued an order prohibiting discrimination on the basis of sexual orientation. That order extends to uniformed members of the PHS Commissioned Corps. In a February 4, 1994 memorandum, the Assistant Secretary for Personnel Administration outlined the implementation of the Department's EEO policy. Allegations of discrimination or harassment because of sexual orientation may, at the officer's election, be the subject of a procedure which mirrors the pre-complaint counseling and investigation process. The procedure provides for an impartial decision on the allegations by the appropriate OPDIV official or Regional Director and, if necessary, an appellate decision by the Department's Director of EEO. Officers who wish to seek remedies through this process should contact their OPDIV's EEO officer.
- (16) Q.** The procedures are so different from what is available to civilian employees. Shouldn't the processing of commissioned officer complaints be centralized in DCP or in the Office of the Surgeon General (OSG)?
- A.** DCP is a personnel office. Traditionally, the processing of complaints and personnel have been kept separate and distinct. Therefore, it would be inappropriate for DCP to be directly involved in the processing of EO complaints. Although the idea of processing complaints at the OSG level may have merit, the organizational structure of the Department is not currently conducive to the OSG assuming this responsibility. However, it is an issue that the OSG has under consideration.

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Office of the Surgeon General

Professional Advisory Committees in the Public Health Service Commissioned Corps

What exactly is a Professional Advisory Committee (PAC) and what does it do? For many Public Health Service (PHS) Commissioned Corps officers, the term PAC may not be all that familiar and may even be confused with another body utilizing this acronym, namely the political action committee. In this article, the general purpose and function of a generic PAC will be reviewed. Specific items under discussion will include objectives, membership, the nomination process, terms of appointment, Chair and Chief Professional Officer (CPO) duties, operations and procedures, and finally, how this all impacts on an individual officer. The recently formed PAC Chair subcommittee of the Chief Professional Officer (CPO)/PAC will also be addressed.

A general summary describing a PAC can be found in Commissioned Corps Personnel Manual Pamphlet No. 62, "Commissioned Officer's Handbook," dated Spring 1998, and states that "each of the 11 professional disciplines has a PAC which advises the Surgeon General on matters of importance to the discipline and to the Corps." It further explains that new members are recommended by the PAC and selected by the Surgeon General. Concurrence for the nominations is obtained from the Operating Divisions (OPDIVs). Encouragement is given to the officers to participate as PAC or subcommittee members as well as utilizing the PAC or CPO to resolve profession-related issues. The "Commissioned Officer's Handbook" indicates that standard categorical billets are developed by the appropriate categorical PAC.

PAC Purpose. PACs serve to advise the Surgeon General on issues related to professional and personnel issues relevant to the category. For example, the Engineer PAC would advise on items relevant to engineers and could be called upon to answer questions on engineering topics in public health which may be posed by the Office of the Surgeon General (OSG). PACs also advise the categorical CPO and OPDIVs as appropriate. Many PACs are inclusive of both civil

service and commissioned corps in regard to membership, activities, and fulfillment of mission. PACs operate in a staff capacity and do not affect established chains of command or prerogatives of an operating program. Members are chosen from their respective OPDIVs or from Programs that employ PHS commissioned officers, but members do not specifically represent their OPDIV's/Program's management or policies. Members do represent their profession and serve as a cadre of experienced individuals who can articulate that profession's interests, abilities, concerns, and responsibilities.

PAC Objectives. Although PHS comprises a variety of professional categories with very unique skills, the PACs share common objectives. These include provision of advice and assistance in the development and evaluation of categorical activities within PHS. Specific examples would be the establishment of mechanisms that foster the development of professional competence, effective utilization of personnel, recruitment and retention issues, mentoring, and career development. The Physicians PAC, for example, could be involved in identifying and facilitating the resolution of a concern pertinent to medical doctors. The Environmental Health Officer PAC may be called upon to develop position papers or guidelines relating to personnel issues involving the profession as well as assessing and working toward meeting the needs of the PHS in recruitment, training, and retention of environmental health officers. The Nursing PAC would be involved in encouraging award nominations to recognize the accomplishments of nurses employed by the Department of Health and Human Services (HHS). Promoting cooperation and communication between veterinarians and with other health professionals in government, academia, corporate, and private service sectors, as well as within the OPDIVs, would be an objective of the Veterinary PAC.

PAC Functions. In carrying out the broad mission of a categorical PAC, specific functions performed would include

provision of profession-specific advice, service as a resource for career development, assistance on staffing issues, support of award and recognition methods, and service as a professional communication link. Examples of these functions could include the following scenarios: the Pharmacy PAC could be called upon to provide recommendations for appointment qualifications of new applicants such as licensure, certification, or registration; the Surgeon General, an OPDIV head, or CPO can refer questions or issues on nutrition to the Dietitian/Nutritionist PAC for comment; advice on professional standards, optimum use of personnel, and training in the field of therapy would be a function performed by the Therapist PAC; and long-term training in dentistry as well as formulation of criteria for selection of candidates for training would fall to the Dental PAC. Items related to promotion, awards, retention, and assimilation into the Regular Corps as well as initial recruitment and student programs such as the Commissioned Officer Student Training and Extern Program are all under the purview of PACs. Developing and advising on professional ethics and standards, developing orientation materials, and communicating important information of interest to the category are also included in the list of duties. Many PACs also encourage officers to join professional organizations and societies to allow networking and communication with colleagues in the field. Minutes and PAC-developed materials are routinely shared among PAC Chairs, CPOs, the OSG, and with other professional staff as appropriate.

PAC Membership. Membership in a PAC is open to professionals of the appropriate category serving as active-duty officers in the commissioned corps or as full-time civil service employees. PAC-specific restrictions may apply, such as the requirement of the Engineer PAC that members meet the eligibility requirements for initial appointment as an engineer in the applicable personnel system. Another example is that the

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Office of the Surgeon General

Professional Advisory Committees in the Public Health Service Commissioned Corps

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Nursing PAC requires civil service nurses to be employed by HHS.

PAC sizes vary from a minimum of seven members required by the Veterinary PAC up to twenty-seven members on the Nursing PAC. Organizational representation is also quite variable among the disciplines. To achieve broad representation from different OPDIVs, many PACs require that OPDIVs with a minimum number of professionals have representation on the PAC. Depending on the profession, PACs may strive to obtain representation from individuals of different career tracks or disciplines.

To involve individuals from the field (i.e., outside of the greater Washington, D.C. metropolitan area), many PACs require representation from individuals whose duty stations are located outside the D.C. area. PACs attempt to achieve racial and gender diversity and be representative of this diversity in the category at large. A mixture of experience levels as well as perspectives is gained by professional seniority stratification. Differing methods of achieving this type of mix range from appointing a member with less than 5 years of professional experience to attempting to layer successive terms of appointment at balanced intervals over an entire career. Non voting or ex officio members are important constituents of many PACs and can include the CPO, administrative assistant or secretary, former Chair, or a member of the Division of Commissioned Personnel (DCP).

PAC Nomination Process. As anticipated vacancies on a PAC occur, nominations for new members can be solicited by several means. Calls for nominations can occur through the *Commissioned Corps Bulletin*, announcements to the category, announcements to OPDIVs/Programs, or a notice within PAC minutes. A new potential member can be self-nominated, or nominated by the OPDIV, the CPO, or other PAC members. Some PACs compile the names and submit them to the nominee's OPDIV/Program Head or OPDIV representative for endorsement or recommendation of alternate or additional individuals. Other PACs proceed directly from receipt of names to the voting process.

Voting in most PACs is by the incumbent members, although recently the Veterinary PAC extended voting privileges to all Corps members of the category. Elected nominees for all PACs need to receive concurrence by the CPO who will then forward the name to either the nominee's OPDIV/Program representative or organization director for endorsement. Next, the packet is transmitted to the Surgeon General for final formal selection. The same process is followed when filling an unexpired term.

Terms of Appointment. Terms of appointment vary among PACs. Some categories have 3-year consecutive appointments with a second reappointment term possible, while others have adopted 2-year terms with optional reappointments possible. These service terms can occur consecutively or at intervals, but maximum total service by any one member is usually limited to a set number of years. The appointment of an alternate to temporarily serve in place of a primary member is permissible by some PAC charters.

PAC Chairperson. PAC Chairs are elected annually by the PAC membership and commonly serve one year as a Chair-elect or Vice Chair prior to assuming the actual position. The Chair-elect assists the Chair, can stand in as needed, and may fill in if the Chair position is unexpectedly vacated before the term has expired. Chairs serve 1-year terms, but in some PACs a second 1-year term may be served during the course of the officer's career. The Chair leads the committee, attends functional meetings such as the CPO-PAC Chair meeting and its related subcommittee of the PAC Chairs, acts as liaison to the OSG and the categorical CPO, and represents the PAC and category as necessary.

Chief Professional Officer (CPO). All categories have a CPO, appointed by the Surgeon General, who serves as a liaison between the category and the OSG. CPOs in the Dental, Nurse, Engineer, and Pharmacy categories are flag rank officers by statute. CPOs perform the duties inherent in this position concurrently with those of their regular assignment. Some of the duties performed by CPOs include promoting professional development, serving as a source of information

on category-specific matters, and fostering esprit de corps in the category.

CPOs serve on PACs as non voting ex-officio members. PACs transmit reports, minutes, or other correspondence through the respective CPO who has the option of adding concurring or non concurring comments, but generally does not have the authority to stop the transmittal.

One form of communication among the OSG and the PACs and the CPOs is the monthly CPO-PAC Chair meeting. Cross-cutting issues regarding a variety of topics are discussed. Examples include Surgeon General reports and initiatives, DCP activities, and Corps-wide administrative actions such as the development of new awards. Information flows from the OSG to the CPOs and PAC Chairs and then to the PACs and the category. A recent subcommittee, consisting exclusively of the PAC Chairs, was formed to allow the exchange of common information and issues among the categories. Items of common interest or concern can be discussed and, if necessary, requests for specific information can be generated and submitted through the CPOs to the OSG for clarification.

The PAC is a valuable, active component in the commissioned corps structure that serves to link individual officers in specific categories to the upper level administration of the OSG as well as to the other categories. Important policy, categorical, recognition, and professional issues are handled by PACs. In addition, the PAC provides a forum for discussion of concerns that may need resolution at higher levels. PACs exist to serve the individual officer and civil service professionals and allow for effective communication among officers, CPOs, different categories, and the OSG. Service on a PAC is rewarding in that active PAC participation can result in concrete results for a category or broader portions of PHS. Service on the PAC can also provide the individual member with a better understanding of the operation of the Corps and how individual contributions affect the greater public health mission of PHS.

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Vacancy Announcements

The following vacancies are provided as representative of opportunities currently available to Public Health Service Commissioned Corps officers. If you have questions pertaining to the announcements listed below, please call the contact listed.

Any Operating Division/Program wishing to list a vacancy in this column should send a written request to: Division of Commissioned Personnel, ATTN: Vacancy Announcements Project Officer, Room 4A-18, 5600 Fishers Lane, Rockville, MD 20857-0001—or phone: 301-594-3360 (toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43360) or Fax: 301-443-7069.

Category/OPDIV *Description of Position*

MEDICAL

HEALTH RESOURCES AND

SERVICES ADMINISTRATION—
Denver, CO

Senior Program Manager - Medical Consultant
Contact: CAPT Mark Delowery 215-861-4121
Grade: O-6

The Division of Federal Occupational Health is seeking a dynamic physician to provide occupational health consultation to other agencies and oversee the development and delivery of programs in this reimbursable franchise agency within the Health Resources and Services Administration. The successful candidate will possess critical organizational, communication, and team building skills that facilitate the direction and coordination of efforts of a team of occupational health professionals. Key responsibilities include medical oversight of a national Automated External Defibrillator Program and performing other occupational health consultations, exams, and chart reviews. Must be board certified or eligible in occupational or preventive medicine. Experience in disability/Office of Workers' Compensation Programs case management programs is preferred.

HEALTH RESOURCES AND

SERVICES ADMINISTRATION—
Miami, FL

Clinical Director
Contact: CDR Gilbert Rose 1-877-353-9834
Fax: 202-514-0095 E-mail: GPRosePHS@AOL.COM
Web Site: www.inshealth.org
Grade: O-6

The Division of Immigration Health Services has an opening for a medical officer who wishes to be part of a growing and dynamic team. This position requires expertise needed to manage the medical portion of an ambulatory/infirmary clinic for the Immigration and Naturalization Service. This individual would spend significant time in direct patient care as well as directly supervising other providers and providing administrative leadership. Requires strong clinical expertise in primary healthcare as well as leadership and administrative abilities. Highly desirable is knowledge of the Joint Commission on Accreditation of Healthcare Organizations, the National Commission on Correctional Health Care, and the American Correctional Association standards.

DENTAL

BUREAU OF PRISONS—
Big Spring, TX

Staff Dental Officer
Contact: CAPT J. Carpenter 915-268-6926
Grade: O-4

Clinical dentist; either DDS or DMD.

NURSE

BUREAU OF PRISONS—
Fort Worth, TX

Clinical Nurse
Contact: Ms. Princess D. Jackson 817-413-3411
Grades: O-2/O-3/O-4

Provides medical services to inmate population at a Federal referral center.

MULTIDISCIPLINARY

COAST GUARD—
Washington, DC

Healthcare Coordinator
Contact: CDR William Wyeth 202-267-0805
Grades: O-5/O-6

This position is located in the Office of Health Services, U.S. Coast Guard (CG) Headquarters, and involves TRICARE policy and implementation. Prefer applicants in the Medical or Dental categories. Applicants should have significant CG/Department of Defense medical system knowledge and experience. Position may also have significant duties as CG representative to the Defense Medical Oversight Committee in Northern Virginia.

Retirements—July

Title/Name *OPDIV/Program*

MEDICAL

REAR ADMIRAL (LOWER)

Mark L. Rosenberg CDC

CAPTAIN

Robert R. Jacobson HRSA

Susan V. Gloyd IHS

Robert B. Wirth IHS

Evan Eisenberg NIH

Gilman D. Grave NIH

Elaine S. Jaffe NIH

Simeon I. Taylor NIH

DENTAL

CAPTAIN

Donald C. Smith BOP

Stephen W. Wyatt CDC

Robert A. Palmer IHS

COMMANDER

Roy F. Schoppert III BOP

NURSE

CAPTAIN

Eva L. Jones IHS

Mary M. Madison IHS

Jeanette M. Scheppan SAMHSA

LIEUTENANT COMMANDER

Debbie S. Arnaud IHS

ENGINEER

CAPTAIN

Stuart A. Carlow FDA

Virgil E. Carr FDA

Phillip E. Pollard NPS

Bruce P. Almich EPA

Walter H. Stevenson EPA

COMMANDER

Newlin T. Morgan NIH

SCIENTIST

REAR ADMIRAL (LOWER)

Bryan D. Hardin CDC

COMMANDER

George M. Cauthen CDC

ENVIRONMENTAL HEALTH

COMMANDER

David A. Parker ATSDR

PHARMACY

CAPTAIN

Thomas H. Hassall FDA

Eugene B. Smith, Jr. IHS

Joseph L. High NIH

Joseph A. Tangrea NIH

COMMANDER

Diana L. Davis IHS

DIETETICS

CAPTAIN

Alberta C. Bourn NIH

HEALTH SERVICES

CAPTAIN

Michael R. Hanna HRSA

Mary L. Gustafson FDA

Richard K. Rutledge IHS

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(Continued on page 9)

Vacancy Announcements

(Continued from page 8)

Category/OPDIV

Description of Position

NATIONAL PARK SERVICE-
Washington, DC

Program Manager
Contact: CAPT John J. Hanley 202-565-1115
Grade: O-6

Seeking applicants from the Environmental Health Officer or Engineer categories. Selected officer will report to the Associate Director, Park Operations and Education. Must be able to provide executive and professional leadership for the development, implementation, and management of a broad, national public health program protecting the health of more than 300 million people per year who visit national park facilities. A masters degree is required in environmental health or engineering or a related field. A minimum of 15 years of experience in an environmental health program with 10 years of progressively responsible professional duties in environmental health or environmental engineering, and an additional 5 years of management experience and 5 years of field experience in an environmental health or environmental engineering program is required. Professional registration (PE, RS, REHS, or equivalent) is mandatory. Frequent travel is necessary. This is a detailed position.

PROGRAM SUPPORT CENTER-
Rockville, MD

Recruitment and Placement Officer
Contact: CDR Dean Coppola 1-877-INFO-DCP, ext. 43360
E-mail: dcoppola@psc.gov
Grades: O-4/O-5

The newly formed Recruitment and Assignment Branch in the Division of Commissioned Personnel (DCP) is looking for a highly motivated officer. All candidates must have proficiency in Windows®/Windows® applications. Communication skills are of the utmost importance. Proficiencies in web page design, data base development, and management are a plus. Primary responsibilities include recruitment of minority officers for all categories and administrative assistance to Details Program Coordinator. Please send a one page description of why you would be an asset to this new Branch and to DCP along with a copy of your most recent curriculum vitae. Please transmit the above electronically to CDR Coppola at dcoppola@psc.gov

Commissioned Corps Retirement Seminar

The Division of Commissioned Personnel (DCP) has scheduled a Commissioned Corps Retirement Seminar to be held September 26-27, 2000, in Rockville, Maryland.

Please request that a blank retirement seminar registration form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the option, "To retrieve documents through Faxback," and request document number **6536**. After completing the form, follow the instructions on the form and submit it to the Retirement Seminar Coordinator in DCP.

If you have additional questions, the DCP Retirement Seminar Coordinator can be reached at 301-594-3472 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43472).

PHS Dentists in Sri Lanka

A contingent of four Dental category Public Health Service (PHS) Commissioned Corps officers—CAPT Gary Blache, CDR Lawrence "Jeff" Gaskin, CDR Daniel Hickey, and LT Melissa Nazareth—members of the international volunteer organization Filling-A-Need, crossed eleven time zones for the purpose of delivering dental therapy to Sri Lankans in need of basic healthcare.

For a complete accounting of this incredible journey, visit the Division of Commissioned Personnel's web site – <http://dcp.psc.gov> Click first on 'Publications/Policies' and then 'Commissioned Corps Bulletin.' The article titled "PHS Dentists in Sri Lanka" can be found in the section titled 'CCB Plus.'



Locating a Commissioned Officer Training Academy Program

The Commissioned Officer Training Academy currently has scheduled 13 programs in 5 different States, and other programs are being planned.

The most timely way to identify the date(s), type of course, location, and contact person is to use the Division of Commissioned Personnel's web site – <http://dcp.psc.gov> Select the option "Commissioned Officer Training Academy."

Additional information is provided at this web site along with scheduled programs.



The TRICARE Supplemental Health Care Program for active-duty members of the Uniformed Services has been in effect since October 1999 throughout the continental United States. Individual contractors such as Sierra Military Health Service, Anthem Alliance, Foundation Health Services, and Humana have the responsibility of healthcare delivery for all eligible members of the Uniformed Services including active-duty members. These healthcare companies have contracted with fiscal intermediaries such as Palmetto Government Benefits Administrators and Wisconsin Physician Service for claims processing.

This article is to alert officers who receive healthcare outside of the military health system of the need to have their claims sent to the Medical Affairs Branch, Beneficiary Medical Programs (BMP) Section.

If you receive healthcare from a private sector provider, please encourage your healthcare provider to send your claims to BMP rather than TRICARE. Sending claims to TRICARE only delays payments and creates confusion.

Send all medical and dental claims to the Medical Affairs Branch at the following address:

Division of Commissioned Personnel
ATTN: Medical Affairs Branch/BMP
5600 Fishers Lane, Room 4C-06
Rockville, MD 20857-0001

BCOAG's Call for Nominations for Awards

Call for Nominations for BCOAG's Annual George I. Lythcott Award

The Black Commissioned Officers Advisory Group (BCOAG) established the George I. Lythcott Award in May 1996 in memory of RADM George I. Lythcott, M.D. (1918-1995). RADM Lythcott was the first African American Public Health Service (PHS) Commissioned Corps officer appointed to head a PHS agency, the Health Services Administration. Throughout his PHS career, he championed career ladder opportunities for junior grade PHS employees and significantly expanded initiatives to assist the Nation's medically underserved.

This award is designed to recognize an individual who demonstrates a genuine sense of public service and leadership initiative, and whose contributions enhance the health status of medically underserved populations. Any PHS Commissioned Corps officer (Grade O-2, O-3, or O-4) with a minimum of 5 years of service in the Corps is eligible.

Nominations are encouraged from all Operating Divisions (OPDIVs) and must describe how the candidate has met the following criteria:

- Contributions to program and OPDIV objectives have reflected sustained high performance;
- Work performance or a single important achievement has been characterized by outstanding leadership initiative and/or the application of unique skills and creativity;
- Overall work performance or a single activity has clearly contributed to the mission of PHS;
- Participation in activities within or outside PHS that had a positive impact on improving the health status of the Nation's medically underserved populations; and
- Performance has continuously demonstrated a genuine sense of public service and professional integrity.

An original and four copies of the nomination form and a narrative justification (not to exceed two pages) are required. The nominee's curriculum vitae will be requested at a later date if needed.

Please request that a blank nomination form be faxed to you by using the

Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the option "To retrieve documents through Faxback," and request document number **6532**.

Call for Nominations for BCOAG's Annual Hildrus A. Poindexter Award

BCOAG established the Hildrus A. Poindexter Award in 1990 in memory of the late CAPT Hildrus A. Poindexter, M.D., Ph.D., M.S.P.H., Sc.D., (1901-1987). CAPT Poindexter was an exemplary PHS Commissioned Corps officer, humanitarian, clinician, educator, and world renowned scientist. His commitment and service record in support of the medically underserved throughout the world significantly enhanced the positive image of the PHS. He was an excellent role model for all involved in service to the world's disenfranchised.

This award was established to recognize a commissioned officer or civil servant (with a minimum of 7 years service within PHS) for continued outstanding service that enhanced the health of minority or underserved populations.

Each nominator must describe how the candidate has met four of the following criteria:

- Demonstrated significant contributions toward improving the health status of African Americans and other minorities in the United States;
- Continually demonstrates exceptional dedication to the mission of PHS;
- Demonstrated outstanding leadership (academically, administratively, programmatically, and/or internationally);
- Demonstrated excellence in his/her professional field; and
- Demonstrated significant professional and humanitarian contributions to raising the living standards of the disenfranchised in communities within the U.S. and abroad.

An original and four copies of the nomination form and a narrative justification (not to exceed two pages) are required. The nominee's curriculum vitae will be requested at a later date if needed.

Please request that a blank nomination form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen

to the menu and choose the option "To retrieve documents through Faxback," and request document number **6531**.

Call for Nominations for BCOAG's Annual Retired Officer Recognition Award

The BCOAG Retired Officers Recognition Award was established in 1998. This award is designed to recognize retired African American PHS Commissioned Corps officers who served with distinction for a decade or more and fostered the mission of the PHS.

Two individuals are recognized each year by their peers. The nomination must include documented evidence of outstanding service as a Corps officer, and significant contributions to community and/or public health that served to enhance the quality of life for the disenfranchised in the U.S. and/or abroad. Priority is given to those nominees who have continued to make significant public health contributions during their retirement from the PHS.

Please request that a blank nomination form be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the option "To retrieve documents through Faxback," and request document number **6601**.

Deadline Date and Address to Send Nominations

To be considered, nominations for any of the above awards must be received at the following address by the close of business on Friday, **September 22, 2000**:

CDR Gail Cherry-Peppers
HRSA/HAB/DTTA
5600 Fishers Lane, Room 7-16
Rockville, MD 20857-0001
Phone: 301-443-2462
Fax: 301-443-9887
E-mail: Gcherry-Peppers@HRSA.GOV

Presentation of Awards

The George I. Lythcott Award, Hildrus A. Poindexter Award, and Retired Officers Recognition Award will be presented at the Annual BCOAG Awards Ceremony. The actual time and location will be announced on *CorpsLine* and in the September 2000 issue of the *Commissioned Corps Bulletin*.



Scientist of the Year Awards

The Scientist Professional Advisory Committee (SciPAC) is pleased to announce that **CAPT Michael C. Alavanja** received the "2000 Career Scientist Award" and **LCDR Bennie D. Wheat** received the "2000 Young Scientist Award." The awards were presented by RADM Kenneth Moritsugu, Deputy Surgeon General, at the Commissioned Officers Association's annual meeting held in June in Scottsdale, Arizona.

CAPT. Michael C. Alavanja has served as a senior epidemiologist at the National Cancer Institute (NCI) since joining the NCI in 1984. He has developed and directed a number of epidemiologic investigations that have provided new insights into the etiology of cancer. In a study of nonsmoking women he found that the 30 percent excess of lung cancer among individuals exposed to the highest levels of passive smoking could not be explained by known or suspected risk factors for lung cancer. The impact of residential radon on development of lung cancer is an important but unsolved public health issue. Although it could not rule out a small risk, another study by CAPT Alavanja provided some assurance that, at levels found in most American homes, residential radon is unlikely to be a substantial hazard.

CAPT Alavanja has more than 70 publications in major medical journals and is regularly invited to present at national and international meetings. He belongs to a number of professional organizations and currently serves on the membership committee of the American College of Epidemiology. His leadership activities are evident in his community as well as at work.

He is a Regular Corps officer and has received numerous Public Health Service (PHS) awards including the Meritorious Service Medal, Outstanding Service Medal, and two Commendation Medals. He also received the PHS Citation for serving as Chair of the SciPAC and the Outstanding Unit Citation for creating an innovative program to train senior Corps officers in mentoring.

LCDR Bennie D. Wheat received his bachelor of business administration in 1974, his master of science with psychology emphasis in 1991, and subsequent doctor of philosophy degree in 1993. His professional specialty is Health Psychol-

ogy/Behavioral Medicine and he is a licensed psychologist in the State of Texas.

LCDR Wheat began his career in the Federal Bureau of Prisons (BOP) in 1993, as the Drug Abuse Treatment Coordinator at the Federal Correctional Institution in Seagoville, Texas, where he was promoted to Chief of Psychology Services in 1995. In this position, he was responsible for providing mental health services to more than 1,000 male inmates through the management of nine staff members. In 1998, LCDR Wheat was promoted to his current position as the BOP's National Employee Assistance Program (EAP) Coordinator.

As the National EAP Coordinator, LCDR Wheat serves as the Bureau's expert in all EAP matters and advises the Director and her Executive Staff. He administers an EAP program of counseling and referral services for the 35,000 employees at 94 correctional institutions and works directly with more than 350 field psychologists to ensure EAP services are administered appropriately.

When LCDR Wheat was given responsibility for the suicide prevention program for inmates, the average rate of suicides was 14 per 100,000 inmates, with 17 suicides occurring in 1998. LCDR Wheat immediately developed and implemented innovative procedures to heighten the awareness and ability of staff to prevent suicides. In 1999, 12 months after he began coordinating the program, the number of inmate suicides decreased from 17 to 7 and the rate of suicides dropped from 14 to 6 per 100,000 inmates. This is the lowest inmate suicide rate the BOP has had for more than 10 years. LCDR Wheat's work in this area was recently recognized by the Attorney General as a model for other law enforcement entities. In recognition of LCDR Wheat's contributions, he was awarded the PHS Commendation Medal in 1999. He has also received two other PHS Commendation Medals, the Achievement Medal, and the Unit Commendation.

LCDR Wheat serves as a mentor to Junior Commissioned Officer Student Training and Extern Program participants. He is an active recruiter of psychologists into the Corps and has developed a training program for them that includes overviews of the PHS and the Corps.

Congratulations to these outstanding Scientist officers.

Call for Nominations for Dental Professional Advisory Committee

The Dental Professional Advisory Committee (DePAC) provides advice to the Surgeon General and the Chief Professional Officer on professional and personnel issues related to the dental category. Openings are available for new representatives to the DePAC for terms beginning January 1, 2001.

Selections are based on a commitment to oral public health issues, and a commitment to bring new and innovative ideas to the committee. DePAC members will be required to be available for scheduled meetings during the term. The meetings are typically held in Rockville, Maryland, and members in the field are usually connected via teleconference if they are unable to travel to attend.

The DePAC needs *you*. Please consider this as an important step in your career and self-nominate today. Request that a blank self-nomination form (which includes a space for supervisory approval) be faxed to you by using the Faxback feature of *CorpsLine*. You can reach *CorpsLine* at 301-443-6843. Listen to the menu and choose the option, "To retrieve documents through Faxback," and request document number **6539**.

Complete the self-nomination form and send it along with a current curriculum vitae and a cover letter describing how your specific experience and expertise will benefit the DePAC. The completed package must be submitted by **October 1, 2000**, to the address below:

LCDR Amanda L. Cramer
 Uintah & Ouray Service Unit
 P.O. Box 160
 Ft. Duchesne, UT 84026
 Phone: 435-722-5122 ext. 6810
 Fax: 435-722-9137
 E-mail: Amanda.cramer@mail.ihs.gov

Recent Deaths

The death of the following retired officer was reported to the Division of Commissioned Personnel:

Title/Name	Date
DENTAL	
CAPT Henry F. Canby	06-13-00

LTJG Kristen Mitchell is First PHS Officer to Serve as USCG Admiral's Aide

On May 30, 2000, Public Health Service (PHS) history was made. LTJG Kristen Mitchell, an Environmental Health Officer assigned to the U.S. Coast Guard (USCG), was chosen as the first PHS officer to serve as a USCG Admiral's Aide.

LTJG Mitchell grew up in a PHS family; her father and mother met while both were on active duty in the PHS. Her father, CAPT Frank L. Mitchell, whose last assignment was in Atlanta as Chief Medical Officer of the Agency for Toxic Substances and Disease Registry, retired in 1995 after 30 years as a PHS commissioned officer. With such a background, it was only natural that LTJG Mitchell would choose a career in the PHS Commissioned Corps.

LTJG Mitchell began her career as a Junior Commissioned Officer Student Training and Extern Program (COSTEP) participant at the USCG Maintenance and Logistics Command Atlantic in Norfolk, Virginia. After graduating from the University of Georgia in 1998, LTJG Mitchell was commissioned in the PHS and assigned to the same unit in which she served as a COSTEP. Since beginning her assignment, LTJG Mitchell has acted as a Safety and Environmental Health Officer assisting USCG Shore units in all aspects of environmental health. She has carried out inspections of many USCG ships and facilities and provided instruction to the units on a wide variety of issues including hurricane emergencies.

In May, along with seven Coast Guard officers, she was chosen to be interviewed to become Aide to the incoming Commander, Maintenance and Logistics Command Atlantic. On May 25, LTJG Mitchell was chosen for the position by RADM Bert Kinghorn. She officially started her duties on May 30 with a "Roping Ceremony" held in the Admiral's office.

In her new position, she will coordinate the Admiral's schedule, accompany him to all official activities, and help to develop speeches and positions on various issues. She will also be able to learn about the USCG's duties and responsibilities in a way not available to her before. This will, in turn, provide her with invaluable experiences for future assignments.

Standards of Conduct for Active-Duty Officers

Each year Public Health Service (PHS) Commissioned Corps officers on active duty are reminded by memorandum from the Director, Division of Commissioned Personnel (DCP) of their responsibility as Federal employees and health professionals for high standards of integrity, honesty, and impartiality.

All PHS Corps officers— whether retired, inactive, or on active duty—are covered by specific standards of conduct. These standards and their impact on officers are described in a variety of statutory and regulatory forms.

The memorandum that was sent to you recently discusses many of the major areas covered by the standards of conduct and provides you with general instructions and guidance.

Be sure to read this memorandum carefully. However, if you need further clarification, first contact officials in the Operating Division or major program to which you are assigned. DCP will work with you and them to resolve any uncertainties.

DCP WEB SITE ADDRESS—
<http://dcp.psc.gov>

DCP Toll-Free Phone Number—
 1-877-INFO DCP
 (or 1-877-463-6327)

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listserv@list.psc.dhhs.gov

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Human Resources Service
Division of Commissioned Personnel, Room 4A-15
Rockville MD 20857-0001

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