



Commissioned Corps BULLETIN

Division of Commissioned Personnel • Program Support Center, DHHS

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Surgeon General's Column

When I speak to groups at various meetings it is not uncommon for me to take out my bookmark featuring “The Leading Health Indicators” and reference them extensively in my remarks. These 10 very important actions—5 of which are individual choices and the other 5, system-wide issues—“reflect the major public health concerns in the United States,” according to *Healthy People 2010*, the 10-year action plan for public health in our country. That comprehensive plan further stated that income and education significantly influence the indicators. Of course, income and education are also at the root of health disparities, and our progress toward the elimination of those disparities is what I’d like to share with you today.

As you may recall, the Initiative on Race and Health was released in February 1998. The goal of the Initiative was to eliminate racial disparities in health by 2010, in time for the next edition of *Healthy People*. The Initiative on Race and Health noted that while the 20th century saw great progress in the field of medicine, disparities in the medical conditions of racial and ethnic minorities continues to be an issue that plagues our country. Further, it marked the first real commitment by the U.S. Government to eliminate some of the health disparities between majority and minority populations. And *Healthy People 2010* reaffirmed that commitment.

In July, the Office of Minority Health sponsored a 3-day “National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health,” here in Washington, DC. The Summit sought to refocus national attention on the existence

of health disparities, and to shed light on innovative approaches being implemented at the local, State, national, and tribal levels. The mission of the Summit was to stimulate action at all levels to enhance program outcomes, in the hope that they will lead to the elimination of health disparities.

Unfortunately, I cannot cover the content of all the rich sessions and workshops that were held over the entire event. But I would like to share with you some highlights and interesting developments, as well as some thoughtful approaches to the work of ending health disparities between majority and minority populations. Please remember that the goal is to *eliminate* them, not just decrease them. I think you’ll agree that while we have far to go, we are making progress.

On the first day of the Summit, a workshop titled “Health Professionals and the Use of Telemedicine Technology,” moderated by CAPT Allan Noonan, USPHS, presented information on projects and programs that use this type of technology in training health professionals, as well as in the diagnosis and treatment of disease. Some other practical applications include the provision of specialized medical service to rural and underserved populations where specialists are sparse. In addition, telemedicine can provide the transmission and communication of medical information from patients to providers in areas where the access to care is limited. This workshop demonstrated that these technological advances are no longer merely experimental, and now have excellent potential. I am confident that they will continue to be refined

and streamlined in the future, with unlimited applications to health professionals in the coming years.

Technology is only as advanced and useful as the people who must put it to work—and who use and understand it. If we do not do some serious “thinking outside of the box,” this high tech gadgetry is relegated to not much more than expensive playthings. In that vein, the second day of the Summit featured several workshops that challenged the participants to address the topic of disparities from different angles.

A workshop titled “Access Issues as Defined by Consumers” identified several potential problems from the patient’s perspective. Among these were the more obvious barriers to good communication: health care professionals and their patients speaking different languages was discussed, naturally. But there were other, less conspicuous, challenges for consumers. Some of these included the high esteem with which health care professionals are held in many cultures, leaving the patient feeling that he or she should not ask many questions about the doctor’s conclusions. Another actual

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Surgeon General's Column

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example was illustrated this way: if a particular geographic location is heavily populated with African-Americans, hiring African-American health care professionals simply because they are African-American—instead of because they are familiar with distinct components of the individual community—may not necessarily constitute a job well done with regard to cultural competence. It requires putting our experience and knowledge to use, along with an extra effort, but if we are to remain true to our commitment, it has to happen.

A second workshop from day two of the Summit is included here practically on title alone. "Do We Know What We Need to Know to Eliminate Disparities in Health Care Access and Quality?" discussed gaps in data and research which could help answer questions about why disparities exist; but I believe that the fundamental question that both workshops should leave us with is clear: Are we thinking about the problem of disparities in the right ways?

I know that so many of you are wholly committed to the task of eliminating disparities, and I would like to take this opportunity to thank you for your efforts. At the same time, however, I will ask you to consider some of the things I've written about here. Could there be a different approach to a situation that you've faced before that might have a better result? This is a daunting challenge, with many different variables affecting the outcomes. Nevertheless, it is a challenge we must face head on, and with our best effort. I remain confident that we can eliminate many of the disparities in health care access and quality by the time *Healthy People 2020* is unveiled. And we will continue to address those that remain, until we see all Americans benefitting from the advancements in quality of life that we made in the 20th century. As commissioned officers, that is the heart of our mission: to protect and to advance the health and safety of all our fellow Americans.

RADM Kenneth Moritsugu
Acting Surgeon General

Acting Surgeon General Selects Senior Advisor for the Junior Officer Advisory Group



CAPT John A. Steward

Acting Surgeon General Kenneth P. Moritsugu recently appointed CAPT John A. Steward to be the Senior Advisor to the Junior Officer Advisory Group (JOAG). The JOAG consists of junior officers appointed by the Surgeon General to provide advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, and other Public Health Service (PHS) Commissioned Corps groups on issues of professional practice and personnel activities affecting junior officers in the corps.

Former Surgeon General David Satcher chartered the JOAG in December 2001. As the Senior Advisor, CAPT Steward is an ex-officio member of the JOAG with a 3-year term. The Senior Advisor is a consultant and mentor to the junior officers and advises the JOAG on its issues, concerns, policies, and procedures. CAPT Steward was selected from a number of senior officers who applied for this important leadership position.

CAPT Steward is an environmental health scientist with the Division of Health Assessment and Consultation at the Agency for Toxic Substances and Disease Registry (ATSDR) in Atlanta, Georgia. He is a Regular Corps officer in the Environmental Health Officer category.

CAPT Steward has a Bachelor of Science degree in Environmental Health and a Master of Public Health degree. He began his PHS career in 1976 as a Junior Commissioned Officer Student Training

and Extern Program participant at the National Institutes of Health in Bethesda, Maryland. He served in six assignments for the Indian Health Service in the Navajo and California Areas. In 1986, CAPT Steward transferred to the Centers for Disease Control and Prevention (CDC) where he served as an environmental health consultant in CDC's Injury Control Division and as a Deputy Branch Chief in the National Center for Health Promotion and Disease Prevention. He assumed his current position in 1991 as ATSDR's Petition Coordinator. He is a recognized expert in evaluating public health concerns from toxic substance exposures and other environmental hazards.

CAPT Steward has been awarded two PHS Commendation Medals and the PHS Achievement Medal, and he was recognized by the National Environmental Health Association with their Past Presidents' Award in 2000. He is a member of the Commissioned Corps Readiness Force, and has participated in the Commissioned Officers Association's (COA) national committees and served in the executive leadership of two local COA branches.

Medical Affairs Branch

BMP Corner

When traveling overseas, officers should be prepared to take care of their healthcare needs. Officers initially pay for their overseas healthcare since the Beneficiary Medical Program (BMP) Section of the Medical Affairs Branch, Division of Commissioned Personnel, cannot pay a foreign vendor directly. Officers must mail their receipts and medical records (in English) to the address below, and BMP will reimburse the officer at the exchange rate on the date of the service. BMP's toll-free 800 number may not connect from overseas, so officers should use the direct line—301-594-6425. BMP's address is as follows:

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



Commissioned Officer Training Academy

“Plagues and Politics” Book Signing



RADM Fitzhugh Mullan, USPHS (Ret.), signing copies of “Plagues and Politics” on May 8, 2002, for officers attending the Basic Officer Training Course.



RADM Mullan presenting a brief history of the commissioned corps during the Basic Officer Training Course.

The Commissioned Officer Training Academy (COTA), Officer Support Branch, Division of Commissioned Personnel (DCP), is proud to announce the reprinting of the book titled “Plagues and Politics” written by RADM Fitzhugh Mullan, USPHS (Ret.) This book presents the fascinating history of the Public Health Service (PHS), written to commemorate the 100th anniversary of the Service’s unique medical militia—the commissioned corps—commanded by the Surgeon General.

RADM Mullan received his undergraduate degree in history from Harvard University and his medical degree from the

University of Chicago. Trained as a pediatrician, he joined the PHS Commissioned Corps in 1972. RADM Mullan enthusiastically accepted an invitation to perform a book signing on May 8. The signing was conducted during a 5-day Basic Officer Training Course (BOTC) composed of 44 newly commissioned officers. In addition to the signing, RADM Mullan presented a brief history of the PHS and the commissioned corps.

In recognition of a job very well-done, CAPT Frank J. Behan, Director of COTA, presented an Oath Coin to RADM Mullan. The book, coin, and COTA have all be-

come symbols of the new training initiatives for PHS commissioned officers.

The reprint of “Plagues and Politics” was necessary to provide COTA with an adequate supply of the book to continue its use as part of the instructional materials of the BOTC. This book had been out of print for the past two decades and supplies available to COTA were dwindling. This is a significant achievement in support of the education of our newly commissioned officers as the commissioned corps’ proud heritage and accomplishments will continue to be provided to attendees of the BOTC. Those officers who attended a BOTC before the book and/or coin were available will receive these items as part of a mass-mailing currently under way and expected to be completed by the end of September.

Visit DCP’s Web site for information pertaining to the two versions of the BOTC as well as the Independent Officer Training Course and the Commissioned Corps Training Ribbon. The address is—<http://dcp.psc.gov>—select ‘Training’ from top right, ‘Commissioned Officer Training Academy’, then select from options on the left. If you have not yet completed the BOTC, please join us. The COTA staff and presenters look forward to meeting you in a class soon. If you have completed the BOTC, help another officer attend. There have been 36 BOTCs conducted to date.

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The Public Health Service March

The mission of our Service
is known the world around,

In research and in treatment
no equal can be found.

In the silent war against disease
no truce is ever seen,

We serve on the land and the sea
for humanity,

The Public Health Service team!
(Copyright 1978)

Senior Musician George King III
CDR, U.S. Coast Guard (Ret.)

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2002 American Indian/Alaska Native Commissioned Officer Advisory Committee Annual Award Winners

AI/ANCOAC National Leadership Award

LCDR Ronald R. West was recognized by the AI/ANCOAC for his activities at the Phoenix Area Service Unit, Phoenix Indian Medical Center (PIMC), by receiving the AI/ANCOAC National Leadership Award. He is a member of the White Mountain Apache tribe of Arizona. LCDR West, a physical therapist, spearheaded the development and implementation of hospital patient care programs since he was initially assigned to PIMC in 1996. As a direct result of his dedicated efforts, PIMC now has a multidisciplinary wound care service which has fully integrated the professional expertise of nine departments. The outcome measurement analysis indicates that the total length of patient stay has decreased while conversely healing rates have increased.

Through LCDR West's efforts on the Diabetic Team, both patients and staff have been educated about the important role which physical activity plays in the treatment, prevention, and maintenance of diabetes. He also led a Barriatric (morbidly obese) Patient Needs Task Force which united the resources of six departments. The end result was that barriatric patients were able to obtain needed medical equipment which will overall decrease the level of hospital liability and therefore reduce costs. Thereby, potential for employee injuries is reduced and safety as a number one job priority is increased.

LCDR West is an Indian Health Service Scholarship graduate who has fully completed his commitment at PIMC. He serves as a leader in the Surgeon General's Therapist Professional Advisory Committee (T-PAC) and served as Executive Secretary and Chair of the T-PAC Finance Committee. LCDR West served as Vice Chair for the Arizona Physical Therapy Association and champions the cause of Indian patients, students, and officers. His Public Health Service (PHS) awards include the PHS Commendation Medal, PHS Achievement Medal, PHS Citation, PHS Unit Commendation (two awards), and PHS Special Assignment Award.

AI/ANCOAC Annie Dodge Wauneka Award

LCDR Carmen C. Clelland who is assigned to the Winslow Service Unit, Winslow, Arizona, as Assistant Chief Pharmacist was awarded the Annie Dodge Wauneka Award. He is a member

of the Cheyenne and Arapaho tribes of Oklahoma. LCDR Clelland was recognized for his extraordinary ability to plan, develop, organize, and manage clinically relevant information while serving in his capacity as Assistant Chief Pharmacist and as Equal Employment Opportunity Coordinator and Counselor for Winslow.

LCDR Clelland has developed two pharmacotherapy programs which deal with metered dose inhalers and diabetes medication management. The metered dose program supplies a pre-measured dosage of medication and also provides valuable feedback information about patient utilization of inhalers which goes to increasing overall patient compliance. This unique program was developed into a Power Point presentation and was shown at the 2001 Commissioned Officers Association's annual meeting and was selected for a poster presentation at the 2002 American Pharmaceutical Association Meeting.

The other area of importance which LCDR Clelland has developed is in the area of eye drop administration and asthma education / management, while continuing his focus on diabetes care. The eye drop administration program has been found useful in the management of glaucoma therapy and continuing care. Likewise, the asthma program will assist patients to satisfactorily manage their asthma attacks thus increasing survival rates. The diabetes program was co-developed by a nurse educator and provides pediatric patients and their families an opportunity to learn more about diabetes and preventing diabetic complications which can also be life-threatening.

2003 AI/ANCOAC Award Schedule

- Solicitation of nominations starts on November 1, 2002
- Submission deadline is March 15, 2003
- Review of nominations and selection starts May 1, 2003

If you have questions regarding the AI/ANCOAC annual awards, please contact:

LCDR Wil Darwin, Jr.
Acoma-Canoncito-Laguna Service Unit
Pharmacy Department
P.O. Box 130
San Fidel, NM 87049
Phone: 505-552-5393 MST
E-mail: Wdarwin@abq.ihs.gov



Thrift Investment Board Announces New Record Keeping System to be Implemented in September 2002

The Federal Retirement Thrift Investment Board has announced that the long-awaited new record keeping system for the Thrift Savings Plan (TSP) will be implemented in September 2002. The contracting team, led by Materials, Communication & Computers, Inc. of Alexandria, Virginia, is on schedule and within budget for the project. The team includes The Centech Group, Inc., Computer Sciences Corporation, Keane Federal Systems, Savantage Financial Services, and SunGard Data Systems Inc.

The transition to the new record keeping system will be completed on Monday, September 16, 2002. A detailed explanation of the transition schedule and its effect on transactions in progress is contained in the May 2002 edition of the newsletter *Thrift Savings Plan Highlights* at <http://www.tsp.gov/forms/ochigh0205.pdf>.

In general, the new system will allow for daily valuation of accounts and daily processing of transactions. It will also report account balances in terms of shares as well as dollars; offer a greater number of withdrawal options; and provide on-line service via the Web site for loans and withdrawals. A summary of these and other operational improvements is provided in a leaflet titled *How the TSP is Changing* which is available on the TSP Web site —<http://www.tsp.gov/forms/tsplf11.pdf>.

The TSP is a retirement savings plan for Federal employees, including members of the uniformed services, that is similar to the 401(k) plans offered by many private sector employers. It was created by the Federal Employees' Retirement System Act of 1986. As of April 30, 2002, TSP fund balances totaled approximately \$102 billion, and retirement savings accounts had been established for nearly 2.9 million Federal civilian employees and uniformed services members.

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Keeping You Informed

Over the past few months, we have discussed and reviewed some entitlements officers receive when performing a Permanent Change of Station (PCS). A general listing of these travel entitlements is as follows:

- Member and Dependent Travel and Transportation Allowances
- Household Goods (HHG) Transportation and Storage Allowances
- Personally Owned Vehicle (POV) Transportation for Outside the Continental United States (OCONUS) duty stations
- Dislocation Allowance (DLA)
- Temporary Lodging Expense (TLE)

There are limits to these entitlements, and not everyone is entitled to everything on the list depending on duty status. If you have questions pertaining to these entitlements, please contact your Agency/Operating Division (OPDIV)/Program's travel representative for assistance.

Now that you know your basic entitlements, it is important you know how to start the process for moving your HHG and receiving reimbursement of your travel entitlements.

One huge misconception officers make is that the move will automatically be initiated at the Division of Commissioned Personnel (DCP), and that reimbursement for travel expenses will automatically appear in their monthly paycheck. Nothing could be farther from the truth! **You** initiate your move, and your **travel** reimbursement comes from the **gaining** Agency/OPDIV/Program to which you are transferring. All official forms for reimbursement must be turned over to the person responsible for travel at the local level.

Movement of HHG Procedures

- (1) Contact your Agency/OPDIV/Program's Shipping Officer. (See Pamphlet No. 11, "Shipment of Household Goods," available on the DCP Web site—<http://dcp.psc.gov>—click on 'Publications.' This pamphlet contains contact information for Shipping Officers.)

- (2) Fax the Shipping Officer a copy of your orders and form PHS-4013-1, "Application for Shipment of Household Goods – Commissioned Officers." Form PHS-4013-1 is available on the DCP Web site—<http://dcp.psc.gov>—click on 'Services.'
- (3) The Shipping Officer will contact a government contracted moving company.
- (4) The moving company will contact you for arrangements of packing and pick-up.

Reimbursement for Travel

- (1) **Do not** travel until you have orders, otherwise, you may become personally liable for all expenses incurred.
- (2) After arrival at your new duty station, complete form PHS-2988, "Voucher for Reimbursement for Travel – Dependents of PHS Commissioned Officers," and form SF-1012, "Travel Voucher." Both forms are available on the DCP Web site—<http://dcp.psc.gov>—click on 'Services.'
- (3) Fill out all forms completely. Your Agency/OPDIV/Program will inform you of the authorized number of miles, amount per mile, and amount of daily per diem you can claim.
- (4) Turn in completed forms to your Agency/OPDIV/Program's travel representative along with a copy of your personnel orders. Also, since travel is reimbursed from a different CAN (Common Accounting Number) your Agency/OPDIV/Program will require a new SF-1199A, "Direct Deposit Sign-Up Form."

If you have questions pertaining to your travel entitlement, go to the "Commissioned Corps Travel and Transportation Center" on DCP's Web site—<http://dcp.psc.gov>—click on 'Services', or contact:

LCDR Ron Keats
 Division of Commissioned Personnel
 5600 Fishers Lane, Room 4-36
 Rockville, MD 20857-0001
 Phone: 301-594-3376
 E-mail: rkeats@psc.gov

HEALTHY LIFESTYLES

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

The Healthy Lifestyles Program is conducting a Web-based nutrition and physical activity survey. The results will be used to design a flexible, challenging program that meets *your* needs. Please take a few minutes to complete the survey.

You can access the survey at the Healthy Lifestyles Web site — www.cdc.gov/nccdphp/dnpa/usphs (look down the page under 'Related Resources', then click on 'USPHS Commissioned Corps Healthy Lifestyles Survey'), *User ID is: pbs; Password is: healthy*. Your responses are anonymous and will be compiled and reported only in a summary manner for the purpose of making the Healthy Lifestyles Program better for all officers.



Information on Separation

Officers separating from the Public Health Service (PHS) Commissioned Corps are required to submit to the Division of Commissioned Personnel (DCP) form PHS-1373, "Separation of Commissioned Officer," **at least** 30 days in advance of the last day at the duty station.

A separation packet is available from DCP that contains Commissioned Corps Personnel Manual (CCPM) Pamphlet No. 32, "Information on Separation," form PHS-1373, and information on the continued health care benefit program. It is important that separating officers carefully read CCPM Pamphlet No. 32 in order to enhance processing of the separation request and to protect their benefits. The pamphlet and form are available on DCP's Web site—<http://dcp.psc.gov> (click on 'Services' for form PHS-1373 and 'Publications' for the pamphlet) or can be requested from:

Division of Commissioned Personnel
 ATTN: Officer Support Branch
 5600 Fishers Lane, Room 4-20
 Rockville, MD 20857-0001
 Phone: 301-594-3544
 Fax: 301-443-5366



Recent Calls to Active Duty

<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>	<i>Title/Name</i>	<i>Agency/OPDIV/Program</i>
MEDICAL		Nolan E. Lee	CDC	SCIENTIST	
<i>LIEUTENANT COMMANDER</i>		Los Angeles CA		<i>LIEUTENANT</i>	
Nidhi Jain	CDC	Susan E. Manning	CDC	Marion W. Carter	CDC
Atlanta GA		New York NY		Atlanta GA	
Jan B. King	CDC	Margaret E. McCusker	CDC	Rae D. Comstock	CDC
Sacramento CA		Austin TX		Oklahoma City OK	
James A. Litch	CDC	Benjamin J. Park	CDC	Henraya F. Davis	CDC
Olympia WA		Atlanta GA		Atlanta GA	
Michael F. Lynch	CDC	Sarah Y. Park	CDC	Danice K. Eaton	CDC
Atlanta GA		Atlanta GA		Atlanta GA	
Jacqueline W. Miller	CDC	Pragna Patel	CDC	Brendan L. Flannery	CDC
Atlanta GA		Atlanta GA		Atlanta GA	
Nancy M. Sahakian	CDC	Priti R. Patel	CDC	Aaron T. Fleischauer	CDC
Morgantown WV		Atlanta GA		Atlanta GA	
Daniel A. Singer	OS	Angela J. Peck	CDC	Victoria M. Gammino	CDC
Washington DC		Atlanta GA		Atlanta GA	
John T. Watson	CDC	Lori A. Pollack	CDC	Susan C. Kaydos-Daniels	CDC
Chicago IL		Atlanta GA		Charleston WV	
<i>LIEUTENANT</i>		Corwin A. Robertson	CDC	Virginia S. Loo	CDC
David F. Arguello	CDC	Trenton NJ		Atlanta GA	
Tallahassee FL		Jeffrey D. Schulden	CDC	George E. Luber	CDC
Swati B. Avashia	CDC	Atlanta GA		Atlanta GA	
Austin TX		Sharmila S. Shetty	CDC	Melissa A. Marx	CDC
Thomas J. Boo	CDC	Atlanta GA		New York NY	
Des Moines IA		Chad B. Smelser	CDC	Elizabeth C. Newbern	CDC
Myrna D. Charles	CDC	Santa Fe NM		Philadelphia PA	
Atlanta GA		David Wong	CDC	Dawn M. Norton	CDC
Wairimu Chege	CDC	Atlanta GA		Atlanta GA	
Atlanta GA		DENTAL		Mark J. Sotir	CDC
Marci L. Drees	CDC	<i>COMMANDER</i>		Madison WI	
Dover DE		George G. Bird	IHS	Peter E. Thomas	CDC
Scott J. Filler	CDC	Gallup NM		Washington DC	
Atlanta GA		<i>LIEUTENANT</i>		Waimar Tun	CDC
Leanne M. Fox	CDC	Kathryn J. Bagg	BOP	Atlanta GA	
Atlanta GA		Terminal Isle CA		Andrea S. Vicari	CDC
Jennifer A. Giroux	CDC	NURSE		New Orleans LA	
Atlanta GA		<i>LIEUTENANT COMMANDER</i>		Tara M. Vogt	CDC
Sami L. Gottlieb	CDC	Jean A. Welsh	CDC	Atlanta GA	
Atlanta GA		Atlanta GA		Maura K. Whiteman	CDC
Ralph J. Groves	CDC	<i>LIEUTENANT</i>		Atlanta GA	
Santa Fe NM		Karen D. Cowgill	CDC	ENVIRONMENTAL HEALTH	
Theresa A. Harrington	CDC	Atlanta GA		<i>LIEUTENANT</i>	
Jackson MS		Catina R. Friday	BOP	Bradley S. King	CDC
Gregory D. Huhn	CDC	Fort Worth TX		Cincinnati OH	
Springfield IL		Sandra J. Griffith	NIH	VETERINARY	
Kathryn H. Jurgens	CDC	Bethesda MD		<i>LIEUTENANT COMMANDER</i>	
Olympia WA		Joseph W. Verge	HRSA	Kris K. Carter	CDC
Karen M. Kiang	CDC	Batavia NY		Boise ID	
Minneapolis MN		Angeline L. Washington	IHS	Susan P. Montgomery	CDC
Katrina Kretsinger	CDC	Anchorage AK		Fort Collins CO	
Atlanta GA					

(Continued on page 7)

Recent Calls to Active Duty

(Continued from page 6)

Title/Name Agency/OPDIV/Program

VETERINARY (Continued)

LIEUTENANT COMMANDER

Shelley D. Stonecipher CDC
Lansing MI

LIEUTENANT

Renee H. Funk CDC
Topeka KS

PHARMACY

LIEUTENANT

Naveed Ahmed IHS
Shiprock NM

Ray H. Branson IHS
Gallup NM

Kathy S. Broder IHS
Sisseton SD

Brandee C. Buller IHS
Gallup NM

Ivanne L. Cheatham IHS
Tahlequah OK

Katherine A. Cotton IHS
Phoenix AZ

Kruti J. Desai BOP
Fort Dix NJ

Ann R. Hiller IHS
Santa Fe NM

Thomas O. Hinchliffe FDA
Rockville MD

Kristy M. Klinger IHS
Whiteriver AZ

Todd R. Marcy IHS
Claremore OK

Eric C. Skan IHS
Anchorage AK

Cristen A. Smithmyer IHS
Cherokee NC

Kelly L. Stankiewicz IHS
Chinle AZ

HEALTH SERVICES

LIEUTENANT COMMANDER

Sunil Patel CDC
Atlanta GA

LIEUTENANT J.G.

Eduardo F. Limonta BOP
Edgefield SC

William J. Love BOP
New York NY

Important Phone Numbers for Retired Officers

The Division of Commissioned Personnel (DCP) has compiled the following list of important phone numbers for retired officers. In the event you cannot act for yourself, it is important that others are aware of how to reach DCP on your behalf. Therefore, it is suggested that retired officers keep a copy of this list with their important papers and give a copy to the executor of their estate and to their next of kin or closest personal friend.

DCP must be notified as soon as possible after the death of a retired commissioned officer to assure that benefits are promptly delivered and that administrative procedures are completed. A telephone call to the Survivor Assistance Officer (SAO) in the Compensation Branch, DCP, will accomplish this notice. After notification, the SAO will send a letter which will contain the necessary instructions and forms to apply for benefits and entitlements as appropriate. The **Survivor Assistance Officer** can be reached at **1-800-638-8744** or **301-594-2963**.

All correspondence to DCP should contain an attention line and be addressed as follows:

Division of Commissioned Personnel
ATTN: (insert correct Branch name here)
5600 Fishers Lane, Room (insert room number here)
Rockville, MD 20857-0001

Other important phone numbers (current as of August 2002) are as follows:

Retirees/Pay and Allowances

Compensation Branch

Room 4-50

Phone: 301-594-2963 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—42963).

Medical Affairs Branch

Beneficiary Medical Program Section Room 4C-06

Phone: 301-594-6330 (or toll-free at 1-800-368-2777)

Identification Cards

Officer Support Branch

Room 4-20

Phone: 301-594-3384 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, and dial the last 5 digits of the phone number—43384).

Retired officers who wish to request copies of documents from their Official Personnel Folders must send the request *in writing* to the attention of the Officer Support Branch, Room 4-36, at the address listed above.

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Absentee Voting Information Online

Information on absentee voting is available through the Internet. The Federal Voting Assistance Program's Web site—www.fvap.ncr.gov—provides voting-related information and resources, including the complete *Voting Assistance Guide* and voting news releases for members of the uniformed services who are eligible to vote absentee.

Public Health Service (PHS) Commissioned Corps officers can obtain Standard Form 76, "Registration and Absentee Ballot Request—Federal Post Card Application," from their local PHS ID card issuing office or by contacting the Officer Support Branch, Division of Commissioned Personnel, at 301-594-3384 (or toll-free at 1-877-INFO-DCP, listen to the prompts, select option #1, dial 43384).

Update Your Contact Information on the DCP Web Site

Active-duty officers—

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

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

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Commissioned Corps Readiness Force

Summer Courses: USPHS Noble Training Center

The first of our summer courses, Emergency Coordinator Augmentee, was offered at the U.S. Public Health Service (PHS) Noble Training Center in Anniston, AL, June 10 - 14, 2002. Course content included such topics as The Language of Response, Types of Disasters and their Consequences, the Emergency Response System, and the Essential Augmenter Roles and Functions. In addition, participants were involved in several tabletop exercises and panel discussions. Approximately 50 participants from the ranks of the commissioned corps and civilian government employees have attended each course. In fact, all courses being offered at Anniston this summer are full, and some are over-subscribed by more than 100 applicants. The final summer course, Mass Vaccination Training, which is being offered in cooperation with the Centers for Disease Control and Prevention, is scheduled for August 26-29, 2002.

CCRF Exhibit at ANA

The Commissioned Corps Readiness Force (CCRF) exhibit was deployed to the American Nurses Association's (ANA) 2002 Convention in Philadelphia, PA, in June. During the opening session, RADM Mary Pat Couig announced that the PHS Office of Emergency Preparedness is developing a partnership with the ANA and the Joint Commission of Pharmacy Practitioners. Through this partnership, pre-identified and trained health care providers—mostly from the private sector—will be federalized and deployed as members of the National Disaster Medical System, given the need for a large number of nurses and pharmacists to provide mass prophylaxis or vaccination.

Teams will be divided according to their members' geographic location within each of the 10 PHS Regions: Region I (Boston); Region II (New York City); Region III (Philadelphia); Region IV (Atlanta); Region V (Chicago); Region VI (Dallas); Region VII (Kansas City); Region VIII (Denver); Region IX (San Francisco); and Region X (Seattle). CCRF members will act as Team Leaders for each of these teams.

Avian Flu

Since April 2002, CCRF and the National Disaster Medical System have supported the U.S. Department of Agriculture (USDA) in controlling an outbreak of avian influenza on turkey and chicken farms in Virginia. To date, 15 CCRF veterinarians and epidemiologists have worked with the Veterinary Medical Assistance Teams, as they contain the spread of the disease. CCRF officers are involved in surveillance, laboratory work, epidemiology studies, geospatial analysis, and supervision of depopulation activities. Several phone calls and letters have been received from the USDA managers on site, attesting to the impact of officers have had on the success of this mission.

HHS Command Center

Once again, CCRF members generously gave of their time when they staffed the Department of Health and Human Services (HHS) Command Center during the July 4th holiday.

CCRF Training Provides CEUs

CCRF Web-based training modules, developed in cooperation with the National Disaster Medical System and the University of Maryland, Baltimore County, are complete. Upon completion of a session, officers (in most categories) may receive continuing education credits from the University of Maryland.

Field Medical Readiness Badge (FMRB)

All Web-based training modules have now been completed and are posted on the Web. If you wish to receive the FMRB, please submit the items listed below, to:

Commissioned Corps Readiness Force
ATTN: RADM John Babb
12300 Twinbrook Parkway, Suite 360
Rockville, MD 20857-0001

- (1) A photocopy of the front and back of your AHA BLS Healthcare Provider card.
- (2) A copy of a statement, signed by the individual supervising your work, that you have completed a minimum of 112 hours of work in your deployment role. The statement must

include the following: your name; facility where you performed the work; a one sentence description of the services provided; the number of work hours performed in the last 12 months; the name, title, and contact information of the supervisor; and the supervisor's signature.

- (3) A copy of form PHS-731 (yellow Immunization Card) showing compliance with all required vaccinations.
- (4) A statement, signed by your healthcare provider, certifying your height and weight within the last 12 months. The statement must include the following: your full name; the date; your weight in pounds, height in inches, and age; and the name, address, contact information, and signature of the provider.
- (5) A statement, signed by another active-duty PHS officer, that you have successfully completed the Annual Physical Fitness Test (APFT). The statement must contain your name and age; the date of the APFT; number of pushups completed in 2 minutes; number of sit ups completed in 2 minutes (or your time on the Sidebridge); time on the 1½ mile run (or the 500 yard swim); and the name, rank, PHS serial number, and contact information of the officer certifying your results.

CCRF personnel will *verify* the following: current license on file with DCP; physical exam on file with Medical Affairs Branch, DCP, dated within the last 5 years; validation of every 3 month logins to the CCRF Web site; and currency of your information.

Beginning in June 2002, CCRF personnel review officer qualifications for the FMRB on a quarterly basis. DCP will consider officers, who fulfill the requirements, for the FMRB. Those who do not fulfill the requirements will be notified and given further guidance.

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Information Technology—Uses and Abuses

The rapid expansion of Information Technology (IT), including computers, the Internet, and e-mail makes it possible for officers to access a vast array of information which may be helpful in many aspects of daily life. The government provides IT resources to its personnel to enhance the performance of official duties. Officers are encouraged to make full use of these resources in keeping up-to-date on professional issues and, as appropriate, in their career development and the performance of their duties.

Officers are expected to conduct themselves professionally in the workplace and to refrain from using government office equipment and resources for activities that are inappropriate. This expectation also applies to IT resources. Due to the easy access and open culture of the Internet, the type of information available varies from work-related matters to recreational and other uses. As officers 'surf the net,' issues of appropriate use quickly arise, as noted by the increase of individuals in both the public and private sectors who have been disciplined for misuse of the Internet.

Some Agencies/Operating Divisions (OPDIVs)/Programs have authorized limited personal use of the IT resources to enhance the quality of the workplace and to help the government retain highly-qualified and skilled personnel. Commissioned officers should seek guidance from their respective Agency/OPDIV/Program Commissioned Corps Liaison or IT Specialist to determine if personal use of government IT resources is authorized by their respective program.

Misuses or inappropriate use of IT resources include:

1. The intentional creation, download, viewing, storage, copying, or transmission of sexually explicit or sexually oriented material.
2. The intentional creation, download, viewing, storage, copying, or transmission of materials related to illegal gambling, illegal weapons, terrorist activities, or any other illegal activities or activities otherwise prohibited.
3. Use for commercial purposes or in support of 'for-profit' activities or in support of other outside employment or business activities (e.g., consulting for pay, sales, or administration of business transactions, sale of goods or services).
4. Engaging in any outside fund-raising activity, endorsing any product or service, participating in any lobbying activity, or engaging in any prohibited partisan political activity.
5. Posting Agency or personal information to external news groups, bulletin boards, or other public forums without authority, including information which is at odds with Departmental missions or positions. This includes any use that could create the perception that the communication was made in one's official capacity as an active-duty officer, unless appropriate Agency approval has been obtained.
6. Establishing personal Web pages on government owned machines.
7. Use of government systems as a staging ground or platform to gain unauthorized access to other systems.
8. The creation, copying, transmission, or retransmission of chain letters or other unauthorized mass mailings regardless of the subject matter.
9. Use of government resources for activities that are illegal, inappropriate, or offensive to fellow officers, employees, customers, or the public. Such activities include, but are not limited to: hate speech, or material that ridicules others on the basis of race, creed, religion, color, age, sex, disability, national origin, or sexual orientation.
10. The addition of personal IT resources to existing government resources without the appropriate management authorization, including the installation of modems on government data lines.
11. The intentional unauthorized acquisition, use, reproduction, transmission, or distribution of any controlled information including computer software and data, that includes information subject to the Privacy Act, copyrighted, trademarked, or material with other intellectual property rights (beyond fair use), proprietary data, or exported controlled software or data.
12. Personal use which could cause congestion, delay, or disruption of service to any IT resource. For example, greeting cards, video, sound, or other large file attachments can degrade the performance of the entire network as does 'push' technology and audio and video streaming from the Internet.

An officer violates the Standards of Conduct when he or she misuses government provided IT resources possibly subjecting himself/herself to disciplinary action. The Division of Commissioned Personnel or the Agency/OPDIV/Program's management will refer cases to the Office of the Inspector General when there are questions about violation of criminal laws.

Officers do not have a right to, nor should they have an expectation of, privacy while using government owned/provided resources at any time. To the extent that officers wish that their personal activities remain private, they should avoid making use of government IT resources such as their computer, the Internet, or e-mail. Any use of government resources is made with the understanding that such use is generally not secure, is not private, and is not anonymous.

Systems managers employ monitoring tools in order to maximize the utilization of their resources which may include the detection of inappropriate use. As a result, electronic data communications may be disclosed within the Department to employees who have a need-to-know in the performance of their duties. Management also has a right to discipline any officer or employee who has been found to misuse government provided IT. Therefore, officers must follow the strict guidelines in using such resources.

From time to time, you may find that you have unintentionally accessed a prohibited site. In such a case, you should immediately leave that site and contact your supervisor. Depending on Agency/OPDIV/Program policy, the supervisor may contact the computer department.

Officers are responsible for adhering to safe computing practices, and should follow all guidelines for password and user ID procedures. All software should be government authorized and tested for viruses, including commercial, sealed packages. Officers should always logoff and, if practical, turn off the computer or lock the workstation before leaving it unattended.

While officers should make full use of IT resources in the performance of official duties, officers should be aware of potential pitfalls and consequences. If you have further questions about this matter, you may wish to speak with the IT Specialist assigned to your Division/Section/Branch. You may also consult with your Agency/OPDIV/Program Commissioned Corps Liaison for further clarification. □

Authorization for Outside Activities is Required

Officers must obtain authorization prior to engaging in outside activities. Many officers participate in professional organizations, teaching activities, part-time jobs, and other activities outside of their official duties.

Before engaging in these activities, you must apply for approval using form HHS-520, "Request for Approval of Outside Activity," which is available on the Division of Commissioned Personnel's (DCP) Web site—<http://dcp.psc.gov>—click on 'Services.' Approval is granted through the Agency/ Operating Division (OPDIV)/Program to which you are assigned. If you have multiple outside activities, a separate form HHS-520 is required for each activity.

The completed form HHS-520 should be forwarded to DCP upon your Agency/OPDIV/Program's approval. This form will be included in your Official Personnel Folder, and should be sent to the following address:

Division of Commissioned Personnel
ATTN: Officer Support Branch
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001

Approval is generally not required to be a member of a professional organization; however, approval is needed to serve as an officer, committee chair, or similar leadership role in a professional society, even if you receive no compensation for the activity. Approval is not needed to serve as a volunteer in a homeowners association or similar non-political community organization.

Approval is required for any employment outside of the Service, whether or not it is similar in nature to your official duties. Also, regardless of compensation, approval is needed for teaching, lecturing, and speech making activities; writing and editing; and any other outside activity for which the Agency/OPDIV/Program imposes internal requirements for administrative approval.

Public Health Service commissioned officers may not be granted station leave during scheduled work periods for the purpose of engaging in compensated outside activities.

When in doubt, check with your Agency/OPDIV/Program's management office or ethics counselor before you begin an outside activity. If you obtain approval and then decide not to participate in the activity, or discontinue an approved activity, no harm will be done—you can cancel your "Request for Approval of Outside Activity."

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Health Services PAC Presents Awards

The Health Services Professional Advisory Committee (HS-PAC) congratulates CDR Sylvia Tetzlaff and LCDR John Cardarelli on their achievements and recognizes them as outstanding examples of Public Health Service Commissioned Corps officers.

CDR Sylvia Tetzlaff Received 2002 Stanley J. Kissel Jr. Award

CDR Sylvia Tetzlaff was awarded the 2002 Stanley J. Kissel Jr. Award for Outstanding Health Services Professional of the Year at the Commissioned Officers Association's meeting held in April in Atlanta, GA. This award goes to a senior officer who has made significant contributions and impact on the Nation's health, exhibited leadership in the achievement(s) being cited, and serves as a role model to others.

CDR Tetzlaff was recognized for her sustained superior performance in the development of cutting-edge computer technology applications and for providing a vital role following the September 11 and anthrax attacks on our Nation.

In April 2000, CDR Tetzlaff was assigned to the Division of Commissioned Personnel (DCP) and tasked with the DCP Web site redesign and re-deployment. This work incorporated graphics, drop-down menus, resource lists, and other functional aspects of this user-friendly interface. She developed the information content and images for the sub-Webs and developed and added numerous PDF forms and HTML pages – all within a short 4-month span from September 2000 to January 2001. This effort resulted in a total of nearly 6,000 files of information in the DCP Web page grouping, a doubling of the previous Web site capability. CDR Tetzlaff concurrently worked on the DCP Database Reporting System and established standard Web-based reports used by Commissioned Corps Liaisons, the category Chief Professional Officers, and the Surgeon General. She also created ad-hoc custom reports as requested.

In the aftermath of September 11, the Surgeon General issued an urgent appeal for commissioned officers to log into the DCP Web page and update their personal information. Due to the password requirement, many officers did not have system access and sent updated infor-

mation to DCP via e-mail. In response to the urgency of the situation, CDR Tetzlaff coordinated the input of this misdirected information, and personally updated more than 1,000 requests (almost 20 percent of the PHS active-duty strength) to expedite the database completion. This database information was later used to locate and deploy clinical and special skills officers not already on the Commissioned Corps Readiness Force Ready Rosters for the anthrax prophylaxis treatment stations in Washington, D.C. and New York. This database was used again 4 months later to support the emergency vaccine program in the Washington, D.C. public schools.

CDR Tetzlaff began her PHS career in 1993 with the Indian Health Service in Oklahoma. She was instrumental in updating the field patient information systems with data supplied by the Social Security Administration in support of a Fiscal Year 1994 objective to develop a directory of patients using the social security number as an identifier. This system enhanced the Third Party Billing System and improved medical billing and collection processes, returning fiscal resources to the system and improving medical care to covered enrollees. Her unit scored a 97 percent compliance rate, the highest in the Indian Health Service nationwide. CDR Tetzlaff added enhancements to the public domain patient accounting software to support health information management, critical to the provision of total patient care.

In 1996, CDR Tetzlaff transferred to the National Institutes of Health, Center for Information Technology, Bethesda, Maryland. While there, she developed, coded, and implemented system utilities using PERL and UNIX scripting languages to provide improved tools for system resource planning. This was an important bridge between the technical side of gathering data and the application of the data to management planning.

Her next assignment in 1998 was to the Health Resources and Services Administration, Bureau of Primary Health Care, Office of Pharmacy Affairs. CDR Tetzlaff was assigned as the World Wide Web administrator, system administrator, and backup operator for the server

(Continued on page 11)

Health Services PAC Presents Awards

(Continued from page 10)

system. While there, she completely redesigned the Web site to be more user friendly, essential for the nearly 8,000 covered entities and more than 600 drug manufacturers and wholesalers participating in the Section 340B Drug Pricing Program. In addition, she oversaw the accurate and timely posting of the critical Discount Drug Price Availability file used by qualifying Federal grant recipients and Bureau operations.

CDR Tetzlaff is currently assigned to the Food and Drug Administration, Center for Biological Evaluation and Research, Division of Vaccines and Related Products Application in Rockville, Maryland. She has received the following PHS awards: two Commendation Medals and two Unit Commendations.

LCDR John J. Cardarelli II Received 2002 Joseph Garcia Jr. Award

LCDR John J. Cardarelli was awarded the 2002 Joseph Garcia Jr. Award for Outstanding Junior Health Services Officer of the Year at the Commissioned Officers Association's (COA) meeting held in April in Atlanta, GA. This award goes to the junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in his or her work, and shown involvement in health-related professional or community organizations or activities.

LCDR Cardarelli's significant contributions were the following: (1) developing novel and innovative approaches to advance the Nation's health regarding the health effects associated with exposure to ionizing radiation; (2) developing Federal guidelines to compensate workers who contracted certain illnesses associated with their work in the Nation's nuclear weapons industry; and (3) serving in highly visible and vital roles associated with the Nation's response to the anthrax attacks on the U.S. Capitol.

Until recently, LCDR Cardarelli was a Health Physicist in the Health-Related Energy Research Branch (HERB), Division of Surveillance, Hazard Evaluations and Field Studies, National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control

and Prevention. The mission of HERB was to conduct thorough and unbiased research on the health risks from exposure to physical, chemical, and other stressors for current and former Department of Energy (DOE) workers using the best available methods to promote adequate protection for all workers. He provided leadership and management on exposure assessment activities for four long-term epidemiologic studies of 40,000 radiation workers through a memorandum of understanding with the DOE. LCDR Cardarelli was responsible for developing innovative approaches to assess worker exposures to ionizing radiation during their employment from the early 1940s through the present. His diligent and persistence work ethic resulted in a successful declassification of classified exposure information previously unavailable for epidemiologic use. This effort led to improved historical exposure estimates for more than 10,000 workers at a former nuclear weapons plant.

LCDR Cardarelli's commitment to the advancement of understanding the health effects from ionizing radiation exposures is unwavering. In an environment of extreme doubt, he continued to pursue his hypothesis that work-related x-rays were significant contributors to cumulative dose estimates. After 3 years of intense research, which led to his doctorate degree, his hypothesis was proven credible and changed the exposure assessment protocol for radiation epidemiologic studies within HERB and other NIOSH programs. This change will enhance the understanding of the low-level chronic effects from radiation exposures.

LCDR Cardarelli's significant contributions to the field of radiological exposure assessment and the unique knowledge and experience with DOE facilities led to his emergency 60-day detail to the Office of Compensation and Analytical Support (OCAS). NIOSH established the OCAS to assist with implementing a program created by the Energy Employees Occupational Illness Compensation Program Act of 2000 which provides compensation and medical benefits for nuclear weapons workers who may have developed certain work-related illnesses. LCDR Cardarelli was a critical member

on a four person team tasked to develop Department of Health and Human Services guidelines to compensate workers who petition to become members of a "special exposure cohort" status. His overall effort in this extremely high profile endeavor brought significant recognition to OCAS.

LCDR Cardarelli participated in the emergency response to the bio-terrorism attack in Washington, D.C. He was among the first five NIOSH responders to the Capitol Hill response and faced the challenge of initially characterizing more than 9 million square feet throughout 30 buildings within the first 5 days of the incident. He led efforts to: (1) develop the initial sampling strategy for *B. anthracis* spores, (2) develop and manage on-site logistics regarding environmental samples, (3) train approximately 200 building entry sampling personnel, (4) develop a records management system to ensure data integrity, (5) provide scientific and technical guidance and public health advice to Capitol Hill leadership, and (6) effectively coordinate the response efforts with other government agencies. He was also requested to serve on the highly visible and politically charged "Review Working Group" committee to evaluate all the environmental sampling data collected for the Hart Senate Office Building (HSOB) remediation activities and make recommendations for additional sampling or remedial activities prior to releasing the HSOB for occupancy.

LCDR Cardarelli is a member of several professional organizations including the COA, Reserve Officers Association, American Conference of Governmental Industrial Hygienists, American Board of Industrial Hygiene, and full member of the Scientific Research Society, Sigma Xi. He has a Doctorate of Philosophy in Industrial Hygiene, a Master of Science in Health Physics, and a Bachelor of Science in Nuclear Engineering. He is a Certified Industrial Hygienist and a Professional Engineer (Nuclear Specialty). He has received the following PHS awards: Achievement Medal; Crisis Response Service Award; and Commissioned Corps Training Ribbon.

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Retirements - July

Title/Name Agency/OPDIV/Program

MEDICAL

REAR ADMIRAL (LOWER)

Henry Falk ATSDR

CAPTAIN

James W. Buehler CDC

Larry D. Crook IHS

Robert E. Fontaine CDC

Ronald Fried IHS

Robert N. Hoover NIH

John M. Midthun IHS

Peter O. Mjos IHS

Joseph P. Sonderleiter IHS

Kevin J. Stange IHS

DENTAL

CAPTAIN

Melvin L. Lerner HRSA

COMMANDER

April C. Butts IHS

NURSE

COMMANDER

Diantha G. Smith SAMHSA

ENGINEER

CAPTAIN

Samuel C. Bradshaw IHS

Douglas C. Jensen IHS

SCIENTIST

CAPTAIN

Gilbert O. Sanders HRSA

COMMANDER

Kenneth H. Falter CDC

PHARMACY

CAPTAIN

Frank J. Nice NIH

Title/Name Agency/OPDIV/Program

Barry W. Nishikawa NIH

Robert W. Parrish IHS

HEALTH SERVICES

CAPTAIN

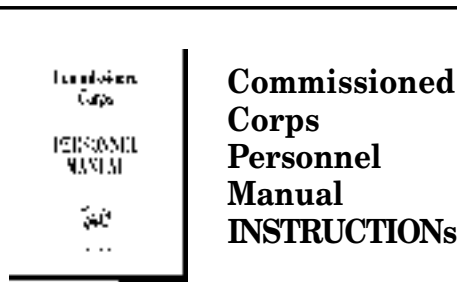
Charles R. Woodson HRSA

COMMANDER

Larry D. Allgood CG

LIEUTENANT COMMANDER

Samuel R. Graiser CDC



The following INSTRUCTION has been distributed and can be accessed on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—click on 'Publications' and then click on 'Commissioned Corps Personnel Manual.'

Transmittal Sheet 661 dated April 22, 2002 INSTRUCTION 1 of Subchapter CC43.7, "Termination of Officers' Commissions in the Regular and Reserve Corps Without Consent of the Officers Involved."

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 retired officers were recently reported to DCP:

Title/Name Date

MEDICAL

CAPTAIN

R. E. Delashmutt 06/06/02

DENTAL

COMMANDER

Steven A. Mogel 06/25/02

Milton E. Schaefer 06/22/02

NURSE

COMMANDER

T. W. Rossetter 08/10/01

LIEUTENANT COMMANDER

Evelyn E. Johnson 04/23/02

ENVIRONMENTAL HEALTH

CAPTAIN

Thomas S. Willett 06/18/02

Reminder

Dental Professional Advisory Committee (DePAC)—Call for Nominations

See page 10 of the July issue of the *Commissioned Corps Bulletin* regarding the September 1, 2002 deadline for nominations for DePAC.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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