



Commissioned Corps BULLETIN

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Surgeon General's Column

On July 3, 2003, at the Reserve Officers Association in Washington, D.C., Secretary Thompson announced a plan to revitalize the Public Health Service Commissioned Corps to enable us to respond more quickly and effectively to public health emergencies. Knowing of the ongoing interest in the transformation plan, and because many officers were unable to attend the announcement, a reprint of my introduction of Secretary Thompson and the text of his remarks are printed in this issue of the Commissioned Corps Bulletin.

—VADM Richard H. Carmona
Surgeon General

TRANSFORMATION OF THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE

Opening Remarks and Introduction of Secretary Tommy G. Thompson by VADM Richard H. Carmona

Welcome Mr. Secretary, fellow officers, honored guests, ladies and gentlemen.

I'd like to thank the following people for being here today: RADM Robert Merrilees, National President, Reserve Officers Association; RADM Jerry Michael, from the Commissioned Officers Association; MG Richard D. Murray, President, National Association for the Uniformed Services; and RADM Frederic G. Sanford, Executive Director, Association of Military Surgeons of the United States.

Tomorrow, all of America will celebrate the 227th anniversary of the signing of the Declaration of Independence with parades and barbecues, fireworks and ball games. This midsummer holiday also

gives us a chance to reflect on the values we hold dear, as individuals and as a Nation: life, liberty, and the pursuit of happiness. For those of us in the public health profession, America's greatness is evident through the compassion we show our brothers, sisters, sons, and daughters.

Thomas Jefferson is best known as our third President, and author of the Declaration of Independence. What is less well known is his devotion to helping those less fortunate. In a letter, Jefferson once wrote: "Though we cannot relieve all the distressed, we should relieve as many as we can."

Thomas Jefferson presided over the first Federal government purchase of a Marine Hospital, and over the first Congressional authorization to build a Federal Marine Hospital, the forerunners of today's Public Health Service. Since then, the tradition of compassion through public health care has continued in an unbroken line through two centuries of diseases, epidemics, and wars, largely through the work of the PHS Commissioned Corps.

The Corps helped to lead the antibiotic revolution and the war on cancer. We have provided medical support in every war since World War I, including the war in Iraq.

We adapted to meet the demands of the largest global migration in the history of the world; we reconfigured to meet new challenges of improved health care and the Hill-Burton Expansion Act. And we met the challenges of 9/11, anthrax, SARS, and monkeypox. We have a long and proud history.

Our challenge is that the service that has taken us in so many directions has

also left the Commissioned Corps fractured and decentralized. The President and the Secretary now call on us to restructure and revitalize.

President Bush, in every State of the Union Address, has talked about strengthening the public health infrastructure. He has spoken of the need for public health to reach into areas that are largely underserved, where people don't have access to care.

Today, Secretary Thompson will make an important announcement about transforming the Commissioned Corps to meet the new health care challenges of the 21st century.

Secretary Thompson is a man who truly leads by example. He cares passionately about health promotion and disease prevention, as well as the direct return from taking personal responsibility for the life choices we as individuals make every day. He has devoted his life to public service. He served as Governor of Wisconsin for 14 years, now as Secretary of our Department. Secretary Thompson has also provided the leadership to redefine this diverse and organizationally fractured department by its common mission.

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Surgeon General's Column

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Forging 'One Department' is a task that many Secretaries have attempted, but none has had the clear vision and persistence that Secretary Thompson brings to the task.

In April of this year, Secretary Thompson issued a letter to HHS leadership praising the Corps' distinguished history and calling for us "to meet the public health needs of the 21st century." He stated: "The end product will be a visible, physically fit, highly motivated, and expert mobile Uniformed Service of public health professionals." The Secretary believes that the Commissioned Corps is a Department-wide resource. The Commissioned Corps can be the visible embodiment of the 'One Department' concept.

That's the way he views us, and it is up to us to embrace that view. What we do, where we are deployed, how we look, are constant symbols of our commitment and of our 'One Department.' We can create a future as noble as our past. We need to reconfigure and revitalize ourselves in light of new realities—intentionally and with an eye to the future.

We are looking forward to the Secretary's announcement. Just as July 4, 1776, was landmark day for our great Nation, so too will today be a day of tremendous importance to the Commissioned Corps.

Your commitment and dedication to public service are second to none. That's why I know all of you will join me in action and in spirit, with an open mind and a willing heart, to serve your President and your Secretary, uphold the integrity of your chosen profession, and lead the uniformed and visible Corps into the 21st century.

Ladies and gentlemen, please welcome one of America's great leaders, who, like Thomas Jefferson, George Bush, and the thousands of Commissioned Corps officers who have devoted their lives to helping those less fortunate, embodies America's tradition of compassion: Secretary Tommy Thompson.

Remarks by Tommy G. Thompson, Secretary of Health and Human Services

Thank you, Dr. Carmona, for that warm introduction. Thank you for your passion. You are an excellent Surgeon

General and a friend. I am proud of how you have commanded the Commissioned Corps and how you have reminded Americans how to lead strong, healthy, and independent lives. I would also like to thank Dr. Duke, General Taylor, Admiral Venuto, and Mr. Tangeman. This is a wonderful day.

This is my goal as Secretary: to do everything that I possibly can to ensure that Americans are strong, healthy, and independent. We have worked with Congress to strengthen and modernize Medicare with more choices and better benefits. We have expanded access to health care to 2.2 million Americans who lacked health insurance, and expanded the range of benefits offered to 6.7 million other Americans. We have led the fight in prevention, one of my passions, since it is more effective to keep people healthy than it is to let them get sick before they are treated. And there are so many health problems in America today caused by the lifestyle choices that people make everyday: obesity, diabetes, and so many more.

And a critical component of our team is the Public Health Service. Some people don't realize it, but many of our path-breaking agencies, such as CDC, FDA, and NIH, are part of the Public Health Service. The Public Health Service has built a remarkable record of keeping America healthy. And many of its successes and the founding of most of its agencies have been spearheaded by the elite team of health care professionals of the Commissioned Corps.

The Commissioned Corps has a long and impressive history of service to the health and well being of Americans. Its officers have risen to the increasing challenges of public health.

The Commissioned Corps was officially created in 1889, after having been organized 17 years earlier by regulations, in order to fulfill a specific need: the health care shortages in the Marine Hospital Service.

Over the next century, men and women of the Commissioned Corps were deployed across America and across the world to address the challenges posed by infectious diseases, mass immigration, research and innovation, food regulation, medical relief for disasters, and

more—many of the same issues that we face today.

As we stare into an uncertain future of possible terrorist attacks, natural disasters, as well as emerging infectious diseases, the President and the American people must know that they can depend on their Public Health Service to aid them in times of need. And no one is better suited to respond to their needs than the officers of the Commissioned Corps. The Corps has always been able to adapt to the urgent needs of each generation.

I am delighted to propose today the transformation of the Commissioned Corps to meet these challenges. We have been working on this for a long time. The Corps' size, shape, and response capabilities will evolve into a more mobile cadre of health care and public health professionals. This will be the biggest and most sweeping transformation in the history of the Corps and will bring it into parity with its sister Uniformed Services. And I know that Dr. Carmona and the dedicated officers of the Corps will make it the most successful transformation as well.

We are going to streamline the Commissioned Corps while increasing its size and scope, in order to meet the demands of public health and primary care and the challenges of bioterrorism.

Some areas of the country lack adequate health care providers. We are going to develop new and innovative ways for the Corps to increase the number of professionals available to address primary care, particularly in areas that have traditionally suffered with problems of access. The Corps will also restore the use of warrant grades in the Corps in order to recognize the value of associate-degree trained registered nurses, and take advantage of the availability of licensed technical professionals who can work as teams to extend the capacities of physicians, dentists, pharmacists, and others. We will also work to create scholarships to fund as many as 1,000 nurses and 100 doctors per year to work in medically underserved areas.

Many American Indians are not receiving the health care they need. So the

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Corps will recruit at least 275 new officers to support the Indian Health Service.

We will phase out the existing Commissioned Corps Readiness Force structure and replace it with a revised system designed to bring the status of the Commissioned Corps to 100 percent deployability by the end of 2005.

We will also improve the Corps' management and development structure. We have directed the establishment of a modern system of 'total force management' that will report to the Assistant Secretary for Health who reports directly to me. I have charged our new Office of Commissioned Corps Force Management to work with the Office of the Surgeon General to assure that all of the agencies served by the Corps and the Surgeon General have access to the professional resources needed to fulfill your, and our, missions.

We need to recognize the importance of a strong and vigorous reserve components program as part of our total force approach. So I have authorized the formal establishment of an Office of Reserve Affairs within the Office of the Surgeon General. The first task it will undertake

will be to develop rapidly a program of direct commissioning into the reserve.

And we need to meet pressing primary care, prevention, and public health needs in the country. So I have ordered the use of short-term duty missions and rolling deployments to address Presidential and Secretarial initiatives. We will use mixed teams of both active and reserve officers to be fielded for 2 to 3 week periods of rolling deployments in high need areas. They will address deficiencies in childhood immunization. They will conduct diabetes detection and prevention programs. They will assist local officials in organizing their own communities to confront public health issues. They will be prepared to deal with a terrorist attack. And they will be ready to act on a moment's notice when the President or the Secretary need them to respond to threats and needs in America and around the world.

We live in exceptionally tight budget times. Because of this I recognize and appreciate all the more clearly the importance and the value of improving the Corps—both in size and skill—in order

to meet America's needs. I have seen to it that the Transformation Initiative will receive \$2 million in Fiscal Year 2003 and have requested additional funds for Fiscal Year 2004. The majority of these funds will be directed towards active duty and reserve component recruitment and training.

Ladies and gentlemen, we are at a turning point. Today is a first step in a transformation project that will test our resolve and our ability to act upon the President's agenda. When the changes are made into law, I know that under the leadership of the Assistant Secretary for Health and the Surgeon General's field command you will rise to this occasion. The Commissioned Corps will be forever changed. By responding to the public health and emergency needs across the county and around the world, the Commissioned Corps' productive and successful past lays the foundation for a great future of service.

God bless you, God bless your work, and God bless the United States of America.

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The Surgeon General Will Lead the Annual AMSUS Meeting in November

Surgeon General Richard H. Carmona, the current President of the Association of Military Surgeons of the United States (AMSUS), will be leading the 109th Annual Meeting of AMSUS in San Antonio, TX, November 16-21, 2003. The Office of the Surgeon General is strongly encouraging Public Health Service (PHS) Commissioned Corps officers to attend this meeting, which is expected to draw more than 5,000 health professionals from all the Federal health agencies. The Program Planning Committee and numerous other committees, all headed by PHS officers, have been working with the AMSUS staff since January to deliver an outstanding program. President Bush has been invited to be the keynote speaker. The preliminary program agenda, as well as information about registration and hotel reservations, can be obtained at—www.amsus.org.

This year's meeting theme is "Partnerships in Preparedness, Prevention, and

Public Health: Protecting the Nation." VADM Carmona chose this theme to highlight the partnerships and collaborations that exist among the Federal medical services. To the extent possible, the program reinforces the theme through joint-service presentations and panel discussions. This cross-service approach has helped to increase the type and amount of continuing education credits available to attendees. The morning, lunch, and afternoon break times have been synchronized to provide participants with greater access to all the sessions and to encourage networking across Corps and service/agency lines.

Throughout the meeting, there will be presentations on recent national and international health developments including humanitarian issues in Afghanistan and Iraq, Force protection, emergency medicine, bioterrorism, SARS, and other emerging disease threats. At least two pre-conference training courses will be

held: Medical Management of Nuclear, Biological, and Chemical Casualties Course, and Advanced Hazmat Life Support Course.

On November 18, VADM Carmona will be facilitating a 2-hour general plenary session in which the Surgeons General of the Air Force, Army, and Navy, and the Under Secretary of the Department of Veterans Affairs will be describing their public health priorities and initiatives. A second multi-service general plenary session will be held on November 19 on chemical, biological, and radiological surveillance in the context of rapid detection and identification.

This conference offers a wide variety of informative and important presentations, most with continuing education credits, as well as many exhibitors. Everyone is encouraged to attend and take advantage of the numerous professional opportunities that will be available.

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Reminder of Existing Law—

18 U.S.C. 603, POLITICAL CONTRIBUTIONS TO REELECTION CAMPAIGN OF AN INCUMBENT PRESIDENT

Civilian executive branch employees are permitted to contribute funds to any presidential campaign, subject to applicable limits in the Federal Election Campaign laws. Uniformed Service officers in the Public Health Service (PHS) Commissioned Corps, however, are subject to different rules.

A criminal statute, 18 U.S.C. 603, prohibits an officer or employee of the United States from giving a political contribution to that individual's "employer or employing authority." The Hatch Act Reform Amendments of 1993 made this section inapplicable to most executive branch civil servants (unless the conduct is prohibited specifically by the Hatch Act, e.g., political contributions made to workplace supervisors), but the statutory prohibition remains in effect for members of the Uniformed Services—18 U.S.C. 603(c); 5 U.S.C. 7322(1).

Accordingly, based on legal opinions from the Criminal Division and the Office of Legal Counsel at the Department of Justice, members of the PHS Commissioned Corps *cannot* make a political contribution to the authorized reelection committee of an incumbent President. (This prohibition does not extend, however, to campaign contributions made to national party organizations.)

PHS Commissioned Corps officers are also subject to strict limitations on their political activity that parallel the provisions of the Hatch Act as they existed prior to the 1993 amendments. See 45 C.F.R. Part 73, Subpart F. PHS Commissioned Corps officers may *not* take an active part in political management or political campaigns. Lists of permitted and prohibited activities are contained respectively in 45 CFR 73.735-602 and 73.735-603.



Keeping You Informed

ACTIVE-DUTY OFFICERS: Entitlements/ Allowances for Permanent Change of Station (if Qualified Under the Joint Federal Travel Regulations (JFTR)):

- (1) Travel and transportation for you and your dependents;
- (2) Movement of your household goods (HHG) up to your specified weight allowance and rank;
- (3) 90 days of storage for your HHG, if needed;
- (4) Dislocation Allowance (DLA), if qualified; and
- (5) Temporary Lodging Expense (TLE) for up to 10 days before or after you leave your current duty station (not for a house hunting trip).

Please remember that officers must always contact their Agency's shipping officer before performing any type of Permanent Change of Station (PCS) move, including a personally prepared move, to avoid reimbursement complications.

RETIRED OFFICERS:

- (1) Travel and transportation for you and your dependents;
- (2) Movement of your household goods (HHG) up to your specified weight allowance and rank; and
- (3) One year of Non-Temporary Storage (NTS) from point of origin.

Q&A on Travel

Because of the increase in mobility throughout the Public Health Service Commissioned Corps in recent years, we have received many questions pertaining to the problems and concerns officers have had when performing a PCS. Here are a few of those questions.

- Q.** I presently work in Bremerton, WA, and I am looking for a job in Seattle. How do I determine if the transfer constitutes one in which the agency will pay for my move?
- A.** There are two answers to this question: First, if the PCS is considered a short distance move, the agency has the authority to authorize or deny a move based on the criteria outlined in the JFTR. That criterion includes: (a) mission essential; (b) in the best interest of the Government; and (c) not

primarily for the convenience of the member. *Example:* If you move from Baltimore to Rockville, MD, (about 50 miles) the agency does not have to authorize a funded move because the areas are considered to be on the same mass transit system. However, the agency might authorize a move if being closer to your duty station or safety is an issue.

Second, if the agency agrees to hire you, and the PCS is considered a regular PCS, the agency is obligated to pay the authorized moving entitlements. Current agreements with the agencies that hire Corps officers explain that Corps officers are governed by the JFTR.

- Q.** If I perform a PCS, how long do I have to move my HHG?
- A.** Commissioned Corps Personnel Manual Pamphlet No.11, "Information on Shipment of Household Goods," explains that an officer has up to one (1) year to complete a move during a PCS. However, the JFTR states that as long as a member is under a current set of orders, the entitlements stay in effect. With that in mind, the member may use the entitlements for the PCS after the 1-year period, but may be asked to explain how the move relates to the original PCS. *Example:* The member moves and leaves the family at the old residence so that the son or daughter may finish high school, is an acceptable explanation.
- Q.** Can you tell me how many travel days are allowed for a PCS if the officer is driving?
- A.** Generally, one (1) day of travel time is allowed for each 350 miles of official distance of ordered travel. If the excess is 51 miles or more after dividing the total number of miles by 350, one (1) additional day of travel time is allowed. When the total official distance is 400 miles or less, one (1) day's travel time is allowed.
- Q.** Does the new flat rate per diem of \$85 per day for a PCS affect the amount received by dependents?
- A.** Yes. The new flat rate per diem for a PCS went into effect January 1, 2003.

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Keeping You Informed

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Dependents are authorized a percentage of that amount for each authorized travel day. A spouse and/or child 12 years old and older that travels on the same day as an officer receives 75 percent of the flat rate per diem amount. A child under 12 years of age receives 50 percent of the flat rate per diem amount. If a member and spouse travel on separate days, then each is considered a primary driver. Each primary driver then receives 100 percent of the flat rate per diem and the children that travel with them receive the appropriate percentages.

Home of Selection Question

During the Division of Commissioned Personnel's (DCP) Retirement Seminar which was held at the Commissioned Officers Association's meeting in Scottsdale, AZ, in June, a question about Home of Selection (HOS) was asked.

Q. What are the limits when choosing a HOS?

A. A member may select a home:

- (1) Any place within the continental United States (CONUS);
- (2) Where the Home of Record (HOR) was outside the continental United States (OCONUS) or the place OCONUS from which the member was initially called or ordered to active duty; or
- (3) Any other place. **NOTE:** Allowances paid in this case shall not exceed those payable had the member selected a home at a CONUS location specified by the member.

This means a member may choose a HOS anywhere they want, *but* will *only* be reimbursed for the amount the Government would have paid for (a) the farthest distance possible in CONUS, or (b) the most expensive area to travel to in CONUS, whichever you choose.

If you have questions pertaining to your travel entitlement, check the 'Commissioned Corps Travel and Transportation Center' on the Division of Commissioned Personnel's Web site—<http://dcp.psc.gov>—click on 'Services,' or you may call or e-mail LCDR Ron Keats at 301-594-3376 / rkeats@psc.gov.

Thrift Savings Plan 'Catch-Up Contributions'

On November 27, 2002, the President signed Public Law 107-304, which permits eligible Thrift Savings Plan (TSP) participants to make 'catch-up contributions' into their TSP accounts beginning in or after the year in which they turn age 50. Therefore, this message only applies to active-duty officers age 50 or older or who will become age 50 during calendar year 2003.

Catch-up contributions are supplemental tax-deferred employee contributions, which are in addition to regular contributions. These supplemental contributions can be made by participants age 50 or older who would like to make contributions above the maximum amount they could otherwise make to the TSP.

To make a TSP catch-up contribution, officers must complete form TSP-U-1-C which is available at—www.tsp.gov. Click on 'Forms and Publications' under the Uniformed Services side of the Web site to download form TSP-U-1-C. Officers may elect to contribute any selected *whole dollar* amount per month they choose on form TSP-U-1-C for the period August 1, 2003 through December 31, 2003 until the earliest of the following conditions:

- (1) The annual catch-up limit is reached (\$2,000 for the year 2003);

- (2) The December 2003 pay cycle ends; or
- (3) Officer stops contribution.

Please mail the completed form TSP-U-1-C to:

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

Please note:

- The first catch-up contribution can be deducted from the August 2003 payroll dated August 29, 2003.
- All TSP-U-1-C forms must be received in the Compensation Branch by December 10, 2003, in order to be processed for the December payroll. Forms received after December 10, 2003, will not allow time for processing for the December 2003 pay cycle and will be returned to the officer.
- Contributions cannot be made by personal check; they can be made only through payroll deduction.
- Officers may stop or change their catch-up contributions at any time without penalty.

Statement of Service

After separation from active duty, a Statement of Service is automatically issued by the Division of Commissioned Personnel (DCP). This official computer-generated form, which bears a raised seal, is accepted by the Department of Veterans Affairs (VA) as proof of active-duty service in the Public Health Service (PHS) Commissioned Corps. Only the computer-generated version, bearing the raised seal, is deemed to be official by the PHS Commissioned Corps for any active duty from 1984 to the present.

The Statement of Service is the key document an officer must provide to establish entitlement to VA benefits. The Statement of Service is the PHS Commissioned Corps equivalent to form DD-214, "Armed Forces of the United States Report of Transfer or Discharge." Officers are reminded that they should not release the original PHS Statement of Service; they should retain it for their personal records.

If an *active-duty officer* needs a Statement of Service prior to his or her separation

from active duty, he or she could phone the Officer Support Branch, DCP, at 301-594-3544 (or toll-free at 1-877-INFO DCP, listen to the prompts, select option #1, dial 43544) or send a written request to:

Division of Commissioned Personnel
ATTN: Officer Support Branch
(Active Statement of Service)
5600 Fishers Lane, Room 4-20
Rockville, MD 20857-0001

For all *separated officers* who need a Statement of Service or a form PHS-1867 (Statement of Service prior to 1984) because it has been lost or misplaced, send a request *in writing* to the address below.

Division of Commissioned Personnel
ATTN: OSB/Ms. A. Potter
5600 Fishers Lane, Room 4-36
Rockville, MD 20857-0001

Note: Most records for separated officers are in storage facilities. Please be aware that it will take time for the file to be retrieved.



The 2003 Public Health Service (PHS) Conference sponsored by the Commissioned Officers Association has come and gone, and the announcement concerning the exciting new direction of the Corps has been announced. Amid all of the excitement, uniforms have become a hot topic. Recent conversations have been invigorating, and a lot of officers have good questions. Because of this, questions regarding badges and awards as well as the proper wear of ribbons are discussed below.

Q. The Department of Health and Human Services' Office of the Secretary Identification (HHS OS ID) Badge has recently been authorized for officers who are and have been assigned to the OS for the proper time periods. What is the proper wear of this badge?

A. The proper wear of the HHS OS ID Badge is based on the same level badge worn by our sister services. The correct wear is on the left side. The badge may be worn on all uniforms other than working uniforms.

a. Men:

- (1) Wear the designated size badge (see section d. below).
- (2) On pockets with flaps, center the badge between the lower point of the flap and bottom of the pocket, midway between the sides.
- (3) On pockets without flaps, center the badge on the pocket.
- (4) On full dress uniforms, center the identification badge on the left pocket 1/4 inch below the lowest row of medals or below the second breast insignia, if authorized. If breast insignia, medals, and identification badge combined cause the identification badge to be positioned on or below the lower seam of the pocket, incumbents do not wear the secondary breast insignia. Post-tour personnel may wear either the identification badge or secondary breast insignia.

b. Women:

- (1) Wear the designated size badge (see section d. below).
- (2) Center the badge 1/4 inch above the coat/shirt pocket or above authorized ribbons/breast insignia.

c. Formal and Dinner Dress Uniforms:

- (1) Men and women center badge 1/4 inch below the lowest row of miniature medals or secondary breast insignia.

d. Correct Size Badge:

MINIATURE

- Summer Blue
- Summer White
- Summer Khaki
- Winter Blue
- Formal Dress
- Dinner Dress

LARGE

- Full Dress
- Service Dress

Q. If an officer has more than one medal/miniature medal (i.e., two Commendation Medals), is one medal worn with a star placed on the hanging ribbon?

A. Any time you have more than one of the same type of award, the proper wearing of that award is to display the 'one' award and add a star or multiple stars on the award if you have been awarded more than one. As with rank, gold is lower than silver. So, for one additional award, you would wear one 'gold' star of the appropriate size showing that you have earned that award twice. This would continue until you have a maximum of four gold stars on that award. If you receive an additional award of the same type, you would then remove the four gold stars and add one 'silver' star which then represents five stars. This would continue for as many times as you are given that award. The stars are centered horizontally on the awards, and placed to the best of your ability in the center of the award.

PROPER WEAR OF RIBBONS

The correct wear of ribbons on the PHS uniform is an important part of the proper wearing of the uniform. Understanding the order of precedence for ribbons is a critical factor in their wear. In

general terms, awards are worn in the following order: individual PHS and Department of Defense (DoD) honor awards; PHS and DoD unit awards; Non-uniformed decorations; PHS service and campaign awards; military service and campaign awards; Regular Corps Ribbon; training awards; military society ribbons; and foreign decorations. Ribbons are worn on the PHS uniform in rows consisting of up to three ribbons in each row. If the number of ribbons to be worn is not divisible by three, the top row contains the lesser number of ribbons. The arrangement of ribbons shall be in the order of precedence in these rows from top down, inboard (wearer's right) to outboard (wearer's left) within rows.

Individual Honor Awards

The PHS individual honor awards have the following order of precedence from highest to lowest:

- Distinguished Service Medal (DSM)
- Meritorious Service Medal (MSM)
- Surgeon General's Exemplary Service Medal (SGESM)
- Outstanding Service Medal (OSM)
- Commendation Medal (CM)
- Achievement Medal (AM)
- PHS Citation

Unit Honor Awards

The two PHS unit awards are worn in the following order:

- Outstanding Unit Citation
- Unit Commendation

Service Awards

The following service awards are worn in the order earned (e.g., if you have a Hazardous Duty earned in 1989, an Isolated Hardship earned in 1994, and the Bicentennial Unit Commendation earned in 1998, the ribbons would be worn in that order with the Hazardous Duty having the higher order of precedence. A subsequent award of the Isolated Hardship would not change its position of precedence, it would add the bronze star.):

- Bicentennial Unit Commendation

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Q & A on Uniforms

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- Crisis Response Service Award
- Foreign Duty Service Award
- Hazardous Duty Service Award
- Isolated Hardship Service Award
- National Emergency Preparedness Service Award
- Smallpox Eradication Campaign Ribbon
- Special Assignment Service Award

Regular Corps Ribbon

The Regular Corps ribbon is worn *after* the above awards.

Training Ribbon

The PHS Officer's Training Ribbon is worn *after* the above awards.

Military Society Ribbons

If an officer is a member of any of the following organizations, the associated ribbons may be worn on the PHS uniform in the following order:

- Commissioned Officers Association
- Association of Military Surgeons of the U.S.
- Reserve Officers Association

Foreign Decoration

Officers who have been specifically authorized to accept decorations from foreign governments may wear them, after all U.S. service awards, in order of their receipt. The order of precedence for these awards is Foreign Decorations, Vietnam, Foreign Unit Awards, Non-U.S. Service Awards, and Foreign Service Awards.

For a detailed discussion and description of the proper wear of ribbons, please refer to Commissioned Corps Personnel Manual Pamphlet No. 61, "Information on Uniforms," beginning on page 17—http://dcp.psc.gov/DCP_pubs.asp. In addition, awards earned from other Uniformed Services are authorized for wear on the PHS uniform. Please see Manual Circular PHS No. 372, dated April 21, 2003 at—<http://dcp.psc.gov/navigati.asp>. In cases of relative equivalence, PHS awards take precedence (e.g., the PHS Commendation Medal is worn before an Army Commendation Medal).

If you have questions about PHS uniforms, please e-mail LCDR Ron Keats at: rkeats@psc.gov.

Commissioned Corps Readiness Force

CCRF Roles

Commissioned Corps Readiness Force (CCRF) Deployment Roles are now available. These roles, which reflect the CCRF deployment needs of past missions, have been developed in anticipation of future deployment needs. As such, the list of roles will undoubtedly change as the CCRF mission evolves.

CCRF develops and manages the monthly ready rosters based on the roles that members select. CCRF will continue to fill mission assignments with the most appropriate officers. If a mission requires a specialty or skill set not represented by a defined deployment role, CCRF will fill that mission just as we do today—by selecting the most qualified officer based on his or her specialty, skills, and experience.

Each officer **must** select a primary deployment role and attest that they meet the requirements of that role (or are training to those requirements). Information about each role is available from the CCRF Web site. After your initial selection of a primary deployment role, CCRF will adjust the rosters accordingly. CCRF will be implementing the ability for officers to select secondary roles, additional skills, and specific training in the coming months.

CCRF members were asked to select their primary deployment before July 4, 2003, by clicking on the logo at the CCRF homepage—<http://oep.osophs.dhhs.gov/ccrf>—or linking directly to the Deployment Role page at—http://oep.osophs.dhhs.gov/ccrf/new_deployment_roles.htm.

Iraq Ministry of Health

One CCRF officer was deployed to Iraq on July 8, 2003, as a member of a Department of Defense-sponsored task force to work with the Iraq Ministry of Health in assessing and making recommendations to improve the public health infrastructure of the country. The officer, LCDR Daniel Hesselgesser, performs oversight of laboratories within PHS Region VI from the Centers for Medicare and Medicaid Services' Regional Office in Dallas. His assignment in Iraq is to advise the Iraq Ministry of Health on matters pertaining to rebuilding a national laboratory system.

CCRF Basics Course

The CCRF Basics Course includes: the basic 12 core modules essential for deployment; daily fitness activities; Basic Life Support for Healthcare Pro-

viders (BLS); uniform wear inspections; and military courtesies. Sixty-five officers registered for the August 4-8 course at the Submarine Warfare Center, San Diego, CA. In September, the CCRF Basics Course will be held in Anniston, AL. For more information, see—<http://oep.osophs.dhhs.gov/ccrf/2003%20Training.htm>.

CCRF: The First 10 Years

CCRF will be 10 years old in 2004. CCRF is in the process of recording its history in a unified format. As such, we are requesting stories, photos, etc., from you to be included in the history. Of course, your work will be credited. We need your thoughts and remembrances related to your various missions. If you send photos, please provide a caption. This is your opportunity to 'preserve' your personal contribution to CCRF and to the history of the PHS Commissioned Corps. Please use the submission form posted on the CCRF Web site—<http://oep.osophs.dhhs.gov/ccrf>—or e-mail CDR Martinelli (to receive the submission form) at amartinelli@osophs.dhhs.gov.

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					
<i>LIEUTENANT COMMANDER</i>					
Michelle A. Chang Atlanta, GA	CDC	Arjun Srinivasan Atlanta, GA	CDC	John R. Dunn Atlanta, GA	CDC
Amy E. Dubois Atlanta, GA	CDC	Kathrine M. Tan Atlanta, GA	CDC	PHARMACY	
Dayna D. Ferguson Denver, CO	CDC	Allan W. Taylor Atlanta, GA	CDC	<i>LIEUTENANT</i>	
Michael E. Greenberg Atlanta, GA	CDC	Melissa A. Merideth Bethesda, MD	NIH	Andrei E. Nabakowski Rockville, MD	FDA
Asim A. Jani Richmond, VA	CDC	DENTAL			
Tracy D. Murphy Cheyenne, WY	CDC	<i>LIEUTENANT COMMANDER</i>			
Sean D. Schafer Portland, OR	CDC	Phillip G. Driscoll Gallup, NM	IHS	Irene Z. Chan Gallup, NM	IHS
<i>LIEUTENANT</i>					
Omer Abid Atlanta, GA	CDC	Kathleen M. Anderson New London, CT	DHS	Gidget M. Eaton Claremore, OK	IHS
Eduardo Azziz-Baumgartner Atlanta, GA	CDC	<i>LIEUTENANT</i>			
Lisa G. Benaise Morgantown, WV	CDC	Angela D. Bulloch Winslow, AZ	IHS	Jefferson Freedy Phoenix, AZ	IHS
Niranjan Bhat Atlanta, GA	CDC	Ryan J. Robinson Fort Wingate, NM	IHS	Carmen Y. Kelly Washington, DC	AHRQ
Brian G. Blackburn Atlanta, GA	CDC	NURSE			
Amanda D. Castel Baltimore, MD	CDC	<i>LIEUTENANT</i>			
Brett B. Cauthen San Juan, PR	CDC	Edward W. Wolfgang Rockville, MD	FDA	John R. Lester Cherokee, NC	IHS
Amy M. Dechet Atlanta, GA	CDC	Richard B. Canning Browning, MT	IHS	Jeff A. Maxon Parker, AZ	IHS
Rose A. Devasia Nashville TN	CDC	ENGINEER			
Alyssa M. Finlay Atlanta, GA	CDC	<i>LIEUTENANT J.G.</i>			
Nicole T. Flowers Atlanta, GA	CDC	Sandra J. Redsteer Bremerton, WA	IHS	Lori B. Moore Santa Fe, NM	IHS
Laura L. Hammitt Anchorage, AK	CDC	SCIENTIST			
Lauri A. Hicks Atlanta, GA	CDC	<i>LIEUTENANT</i>			
Ellen H. Lee Atlanta, GA	CDC	Joseph J. Amon Atlanta, GA	CDC	Kofi D. Sallar Gallup, NM	IHS
Shauna Lyn Atlanta, GA	CDC	Maleeka J. Glover Atlanta, GA	CDC	Stacey A. Smith Albuquerque, NM	IHS
Samuel J. Mitchell San Francisco, CA	CDC	Allison A. Hedley Hyattsville, MD	CDC	Melissa A. Stahlecker Shiprock, NM	IHS
Dao M. Nguyen Los Angeles, CA	CDC	Christina A. Peterson Salt Lake City, UT	CDC	Kimberly A. Walters Crow Agency, MT	IHS
Drew L. Posey Atlanta, GA	CDC	Laura J. Podewils Atlanta, GA	CDC	HEALTH SERVICES	
Snehal N. Shah Atlanta, GA	CDC	Adria T. Prosser Atlanta, GA	CDC	<i>LIEUTENANT</i>	
		Kathleen G. Raleigh Atlanta, GA	CDC	Cindy J. Vertrees Ayer, MA	BOP
		Erika Samoff Atlanta, GA	CDC	Darline K. Elreda Lansing, MI	CDC
		Sharon H. Saydah Hyattsville, MD	CDC	Karen E. Giesecker Atlanta, GA	CDC
		VETERINARY			
		<i>LIEUTENANT</i>			
		Jennifer A. Brown Fort Collins, CO	CDC	John F. Gibbons Littleton, CO	BOP

2003 Annual COERs

Commissioned Officers' Effectiveness Reports (COERs) are being electronically submitted this year. The following summary of established deadlines is provided as a convenient reminder:

COERs due:

- to Reviewing Official by *August 8, 2003*, and
- to DCP by *September 2, 2003*.

Retirements – April

Title/Name Agency/OPDIV/Program

MEDICAL

REAR ADMIRAL (UPPER)

James S. Marks CDC

CAPTAIN

Jerome A. Donlon OS

T. Stephen Jones CDC

William F. Green IHS

John S. Yao IHS

Andrew Schwartz SAMHSA

Jack D. Blaine NIH

John L. Portis NIH

DENTAL

CAPTAIN

Suzanne Eberling IHS

Douglas B. Fritz DHS

NURSE

CAPTAIN

Robinson J. Myers IHS

COMMANDER

Lawrence A. Stavish BOP

Myra M. Dupree IHS

Ellen E. Wolf IHS

Gloria T. Herring PSC

ENGINEER

CAPTAIN

James J. Cherniack FDA

Carl A. Roth NIH

SCIENTIST

CAPTAIN

Bradford G. Perry HRSA

David L. Bartley CDC

ENVIRONMENTAL HEALTH

CAPTAIN

William D. Compton IHS

PHARMACY

CAPTAIN

Robert K. Leedham, Jr. FDA

Randy W. Burden IHS

Kevin M. Lemieux IHS

Stephen A. Maurer IHS

George J. Grimes, Jr. NIH

COMMANDER

Timothy P. Utke IHS

THERAPY

CAPTAIN

Robert E. Mansell BOP

HEALTH SERVICES

REAR ADMIRAL (UPPER)

Thomas F. Carrato DoD

CAPTAIN

Wade P. Kirstein HRSA

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CAPT Judith A. Davis Receives 'Veterinarian of the Year Award'

On May 8, 2003, CAPT Judith A. Davis received the Public Health Service (PHS) Commissioned Corps 'Veterinarian of the Year Award' for sustained excellence in leadership, mentorship, and commitment to duty. The award was presented at the annual Veterinary Category All Hands Meeting held at the Uniformed Services University of the Health Sciences in Bethesda, MD.

CAPT Davis has for the past 7 years served as the Animal Program Director for the National Institute of Neurological Disorders and Stroke (NINDS) and for the National Institute for Deafness and other Communicative Disorders (NIDCD). During that time, CAPT Davis has transformed this combined animal care program to one of the most respected programs on the National Institutes of Health (NIH) campus, setting many trends in daily animal monitoring and care. Due to the quality of her program, it has been emulated across the NIH campus, and has served as the impetus for many of the exceptional animal care standards that have been set within the NIH intramural program over the last several years. In addition, the excellence of her program received special recognition by the Association for Assessment and Accreditation for Laboratory Animal Care, International (AAALAC) for rodent enrichment at NINDS/NIDCD and the Vaccine Research Center, and the animal support program at the Mouse Imaging Center.

In 2000, CAPT Davis took on the additional challenge of creating an animal care program for the newly formed Vaccine Research Center (VRC). This commitment involved designing, equipping, and opening a new animal facility; interviewing and hiring a 15-member animal care staff; and ultimately serving as their Acting Animal Program Director for many months. The animal care program serves a vital role in accomplishing VRC's mission to conduct research that facilitates the development of vaccines for human disease, with the initial primary focus on developing a vaccine for HIV/AIDS.

Through all this, CAPT Davis has maintained a high commitment to all aspects of the PHS Commissioned Corps. She has served as a member of the Veterinary Professional Advisory Commit-



CAPT Judith A. Davis

tee (PAC), the PHS Appointments Board, and the PHS Medical Review Board Panel. She has actively participated as an invited speaker for the PHS-sponsored Uniformed Services University Laboratory Animal Medicine Residency Program lecture series. These activities all speak to her strong commitment to the Corps, but also to her passion and talent as a mentor. In addition to serving as the Chair of the Veterinary PAC Mentoring Subcommittee for a year, CAPT Davis has very generously provided mentorship to numerous new officers who have contacted her for advice on entering the Corps, performing interservice transfers, requiring assistance in publishing scientific papers, and general day-to-day requirements for performing as an exceptional officer.

CAPT Davis continues to publish very timely articles in the field of laboratory animal medicine. Since her arrival at NIH in 1996, she has authored 14 publications, many co-authored with her animal care staff and other PHS officers in her effort to mentor and educate them. CAPT Davis' abilities and practical approach to quality research animal veterinary care is renowned in the field of laboratory animal medicine, and she is actively sought for lecturing at local, national, and international conferences.

CAPT Judy Davis truly exemplifies the traits and qualities of an exceptional leader, mentor, and PHS Commissioned Corps officer.

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Baltimore Branch of COA Activated

The newly chartered Baltimore Branch of the Commissioned Officers Association (COA) of the U.S. Public Health Service held its first meeting on Thursday, May 22, 2003. RADM Stephen Jencks welcomed everyone to the meeting, and thanked LCDR Mercedes Benitez McCrary and LT Marjorie Baldo for their diligence in forming this new branch of the COA. The branch draws its membership primarily from officers stationed at the Centers for Medicare and Medicaid Services in Baltimore and its regional offices, but welcomes any officer residing in the Baltimore, MD, and Washington, DC, area to join. The membership roster currently lists 27 officers as active members with more officers expected to join in the coming months.

The agenda for the first meeting included the mission of the Baltimore Branch, the official launch of the branch's Web site, and the election of officers. The branch membership identified several areas of focus for the coming year including an emphasis on community involvement, recruitment of new officers, fulfilling Commissioned Corps Readiness



Members of the newly chartered Baltimore Branch of the Commissioned Officers Association.

Force membership requirements, and proper uniform wear.

Through a group effort by LCDR Benitez McCrary, LT Baldo, LT Scott Cooper, and Mr. Jon Booth, the official Web site of the branch was launched on June 13, 2003. This site, which can be found at—<http://www.cms.hhs.gov/groups/coa/>—includes helpful links for officers as well as more information about the Baltimore Branch and its mission.

The officers chosen to serve for the 2003-2004 term are: LCDR Mercedes Benitez McCrary, President; LCDR Linda Murphy, Vice-President; LCDR William Ruiz, Treasurer; and LT Marjorie Baldo, Secretary.

Officers interested in joining the Baltimore Branch should contact Mr. Brian DeMoss of COA at 301-731-9080.

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2003 American Indian/Alaska Native Commissioned Officer Advisory Committee (AI/ANCOAC) Annual Awards are Presented

CAPT Kathleen Kinsey Receives the AI/ANCOAC 2003 Leadership Award

CAPT Kathleen Kinsey is a nurse administrator at the Mt. Edgecumbe Service Unit, Southeast Alaska Regional Health Consortium in Sitka, AK. She functions as an inpatient nurse administrator for a 58-bed unit. Her responsibilities include overseeing over 90 staff members, managing supplies, ensuring compliance in hospital-wide training, participation in infection control training, and providing a safe environment for quality care and interdisciplinary continuous quality improvement services.

CAPT Kinsey's major accomplishment at the Mt. Edgecumbe Service Unit was the utilization of nursing services and staffing and training systems to contain labor costs and avoid staffing shortages during a nationwide nursing shortage. Her other involvements included presentations to the Alaskan nurses on workforce strategies, contributing to es-

ablishing grants funding, and programs to interest Alaskan community members in health care careers.

CAPT Kinsey has worked diligently to improve processes and services at Mt. Edgecumbe Hospital, thereby significantly increasing the general health status of beneficiaries in Southeast Alaska.

CAPT Darlene A. Sorrell Receives the AI/ANCOAC 2003 Annie Dodge Wauneka Award

CAPT Darlene A. Sorrell is the Chief of the 15-chair dental clinic at the Albuquerque Indian Health Service Dental Clinic (AIDC) in Albuquerque, NM. Since being assigned to AIDC, she has assumed increasing levels of responsibilities and gained invaluable experience in a variety of clinical settings. During these diverse and frequently challenging responsibilities, she pursued her interest in health management and advanced her skills in this field with a passion.

CAPT Sorrell performed many notable accomplishments for the dental clinic. Her accomplishments include the continued operation of the dental clinic which is currently a stand-alone clinic unique to all Indian Health Service dental facilities. Over a 2-year period, CAPT Sorrell has not only improved the dental program for community members, but has made significant impacts upon the general oral health of the American Indian children living in the Albuquerque metropolitan area.

CAPT Sorrell's leadership has resulted in instituting a number of innovative changes in the clinic to accomplish her public health goals of improving the oral health status of the community. She has established partnerships with many public schools, service units, and the local university in order to promote a patient-care centered clinical and oral health care program. CAPT Sorrell has demonstrated a sense of responsibility for and

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2003 American Indian/Alaska Native Commissioned Officer Advisory Committee (AI/ANCOAC) Annual Awards are Presented

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commitment to the mission and goals of the Public Health Service. Directly as a result of her guidance, energy, and dedication to duty, she has not only rebuilt a program from the status of near closure, but has also positively impacted the oral health of American Indian children at large.

CAPT Sorrell is a distinguished health professional that has displayed unique skills and dedication to duty in the face of extreme adversity.

RADM Robert Harry, Jr. Receives the AI/ANCOAC 2003 Flag Officer Award

RADM Robert Harry, Jr. is the Executive Advisor to the Indian Health Service (IHS) Director and the IHS Representative to the Surgeon General's Policy Advisory Council in Rockville, MD. RADM Harry is an outstanding Public Health Service Commissioned Corps officer who exemplifies leadership to present and future American Indian/Alaska Native community members. He has a distinguished career spanning more than 26 years with IHS.

RADM Harry served as Acting Director for the Office of Public Health at IHS Headquarters. He also served on the Indian Health Leadership Council and on the Executive Leadership Group. He was assigned the responsibility for the recent IHS-wide implementation of the requirement for the Health Insurance Portability and Accountability Act (HIPAA) of 1996. RADM Harry's leadership in this area of health reform has directly resulted in tremendous progress in a relatively short period of time. His efforts have enabled the HIPAA Program to work more efficiently and to fully meet the requirements established by the Secretary of the Department of Health and Human Services (HHS).

RADM Harry has also been given the responsibility of establishing the Continuity of Operation Plan for IHS and has achieved great success in the area involving national impact and accomplishing a HHS priority. He has also been heavily involved in commissioned corps activities. His knowledge and ability to ana-

lyze and solve difficult problems as well as his creative and critical thinking has made his expertise extremely valuable. As an example, his work has been instrumental in contributing to a total review of the entire commissioned corps promotion system.

CDR Patricia A. Hawk Receives the AI/ANCOAC 2003 Senior Officer Award

CDR Patricia A. Hawk manages the Community Health Nursing Program at W.W. Hastings Hospital of the Cherokee Nation in Oklahoma. She provides supervisory support for the Cherokee Public Health Nursing/Community Health Nursing at the Cherokee Nation Health Clinic by coordinating system-wide policies. Other supervisory responsibilities include the Audiometric program and the Cherokee National Emergency Medical Services Program.

CDR Hawk's many accomplishments for the Cherokee Nation include implementing and restructuring administrative duties, functions, and policies within the Community Health Nursing program and Emergency Medical Services Program, service as an active advocate on the committee as a team member, performance of an invested interest and function in the Homeland Security Awareness Project, and promoting the continuity community service program involving the enhancement of health care for adults and children.

CDR Hawk has worked diligently to improve processes and services of the Cherokee Nation, thereby significantly increasing the health status of all beneficiaries receiving their health care within the Cherokee Nation health care system. She displays diplomacy in every situation, and believes in coaching people to help them reach their maximum potential.

LTJG Evangeline Pablo Receives the AI/ANCOAC 2003 Junior Officer Award

LTJG Evangeline Pablo is a clinical registered nurse at the Taos-Picuris Service Unit in Taos, NM. She functions as a nurse with many responsibilities includ-

ing triaging, monitoring, venopunctures, clinical assessments, teaching, assisting with medical procedures, and maintaining the outpatient department.

LTJG Pablo was recognized for providing coverage as the acting outpatient department manager/supervisor during the absence of the clinical manager/supervisor at her service unit. She also maintained ample supply levels at the clinic, which enabled medical services there to proceed smoothly without any interruption.

LTJG Pablo has sustained high quality performance and dedication to the achievement of nursing care duties in accordance with the established programmatic goals of the Taos-Picuris Service Unit which consequently resulted in the provision of superior health care to the Native American community members there, and contributed to the successful accomplishment of the IHS mission of providing care for Native American populations.

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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:

<i>Title/Name</i>	<i>Date</i>
MEDICAL	
CAPTAIN	
W. Clark Cooper	06/16/03
Misael A. Moreno	06/14/03
Robert C. Vanderwagen	06/16/03
ENGINEER	
CAPTAIN	
Earl J. Anderson	05/26/03
Ronald G. Macomber	06/25/03
ENVIRONMENTAL HEALTH	
CAPTAIN	
Harry Haverland	06/08/03

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SciPAC's 2003 Scientist of the Year Awards Presented

In December 2002, the Awards Committee of the Scientist Professional Advisory Committee (SciPAC) elected to change the name of the Career Scientist of the Year Award to establish a memorial to celebrate the life and legacy of CAPT Derek Dunn. During his 23 years in the Public Health Service (PHS), CAPT Dunn made substantial contributions to public health, particularly in the area of occupational hearing loss, and served in numerous leadership positions within the PHS Commissioned Corps and within the Scientist Category as a former Chief Professional Officer.

The SciPAC's 2003 Derek Dunn Memorial Scientist Officer of the Year Award and 2003 Young Scientist Award were presented by Surgeon General Richard H. Carmona at the Commissioned Officers Association's annual meeting held in June in Scottsdale, AZ. Congratulations to the following outstanding Scientist officers:

CAPT Armen Thoumaian Receives the 2003 Derek Dunn Memorial Scientist Officer of the Year Award

CAPT Armen Thoumaian is a Health Program Evaluation Officer at the Centers for Medicare and Medicaid Services (CMS), Center for Beneficiary Choices. He received a B.A. degree in Psychology in 1971, an M.A. in General Experimental Psychology in 1975, and a Ph.D. in Social Welfare Policy in 1984. He began his career in the PHS Commissioned Corps in 1990 as a Research Analyst with the Health Care Finance Administration (HCFA) in Baltimore, MD. Over several years, he designed, implemented, managed, and evaluated the Medicare Participating Heart Bypass Center Demonstration. This was a national research demonstration to evaluate the feasibility of negotiated global package payment for Coronary Artery Bypass graft surgery at several hospitals. The purpose of this research was to evaluate both the appropriateness and quality of surgical services at the demonstration sites. The Demonstration resulted in improved patient management, lower hospital costs, and improved patient care with over \$40 million dollars in savings to the Medicare Program.

In 1996, CAPT Thoumaian became a Senior Technical Advisor with HCFA,

and was primarily responsible for the successful completion and evaluation of the Medicare Participating Heart Bypass Center Demonstration, which led to Public Policy initiatives by the President to incorporate this concept within the regular Medicare Program. In 1998, he became a Health Program Evaluations Officer with HCFA's Beneficiary Health Assessment Group, and designed and wrote the scope of work and research design specifications for the development and testing of a quality-based model for the assessment of service utilization and health care quality outcomes. In 2001, HCFA became CMS, and in the Center for Beneficiary Choices, CAPT Thoumaian designed a new system for a nationwide support system for home health outcome based quality improvement for implementation under the Medicare Quality Improvement Organization Program, and began its implementation as the Home Health Outcome Based Quality Improvement System pilot project in five States. He designed, implemented, and continues to serve as the Project Officer for the multimillion dollar Medicare Lifestyle Modification Program Demonstration and Evaluation to test medical interventions for the prevention of cardiovascular disease.

CAPT Thoumaian is a member of the Disaster Medical Assistance Team, Commissioned Corps Readiness Force, and is a volunteer with the American Red Cross Mental Health Disaster Team. In these roles, he has responded to over 26 Emergency Response/Disasters, including the 9/11 attacks on the World Trade Center in New York City. He provided support during various State of the Union Addresses in Washington, DC, as well as floods and hurricane disasters, Operation Provide Refuge in Fort Dix, NJ, and the Orange Alert Deployment in Brooklyn, NY.

CAPT Thoumaian is a nationally recognized expert in the negotiated bundled payment program for surgical services. He has published various major papers and publications associated with cost savings for health care financing issues. He is a Regular Corps officer who has received 22 PHS awards, various Army Achievement Medals, and many other Agency Outstanding Achievement Awards.

CDR Clement Welsh Receives the 2003 Young Scientist Award

CDR Clement Welsh, currently a Senior Research Scientist Officer in the Agency for Toxic Substance and Disease Registry's (ATSDR) Division of Health Assessment and Consultation, received his B.S. degree in Biology in 1977, an M.S. in Biology in 1979, a Ph.D. in Biological Science in 1985, and an M.P.H. in Environmental Health in 1997. In 1999, he began his PHS career as a Senior Research Scientist Officer in ATSDR in Atlanta, GA. He was recruited to the PHS Commissioned Corps for his unique combination of scientific, public health, and communication training, and experiences in addressing some of the most complicated hazardous waste sites in the country.

CDR Welsh serves as the leader of a multidisciplinary team that responds to public health issues. He conducts independent environmental research; prepares scientific papers and public health documents that assess the effects of exposure to environmental contaminants; and develops public health action plans and provides technical education for communities living near contaminated areas.

Currently, CDR Welsh serves as the lead Environmental Health Scientist for a site that, in 2001 and 2002, received national and international attention from senior Environmental Protection Agency (EPA) officials and Congressional representatives as well as the previous Surgeon General. CDR Welsh conducted numerous site visits and completed area sampling and analyses of a public park and children's play area located in the vicinity of the contamination. He also participated in frequent public meetings to increase the awareness and understanding of local residents regarding the potential impact on the community from various contaminants. He performed an environmental health assessment, and gathered the support of the EPA and State and local public health agencies. The results revealed significant and widespread contamination. CDR Welsh met with the Mayor of the area and other State and Federal officials, and brought about an immediate clean-up of the children's play area, as well as the rapid remediation of the remaining contami-

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SciPAC's 2003 Scientist of the Year Awards Presented

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nated soils. The resulting remedial activities eliminated contaminant exposures to approximately 4,000 area residents and thousands of out-of-town athletes who regularly use the park. The direct impact of the work was the elimination of an estimated 90,000 'exposure events' per year.

From 2001-2002, CDR Welsh served as technical director of a childhood blood lead assessment program in Anniston, AL. He was responsible for initiating blood-screening protocols, establishing clinical and laboratory contractor services, coordinating community involvement, and analyzing and reporting the results. The investigative work, report, and follow-up educational efforts greatly

increased awareness of lead-related toxicity for children and resulted in exposure prevention measures costing approximately \$100,000. His innovated investigation with this project resulted in requests from the president of the county medical association that urged local physicians to mitigate the existing communication problems. CDR Welsh's efforts, negotiations, and consensus building were able to generate a cooperative atmosphere that enabled a collegial discussion and transfer of vital information. His work with the local physicians will be used as a model at other sites. CDR Welsh's scientific expertise along with his strong community involvement skills has lead to creative so-

lutions and preventative measures to minimize environmental toxic exposure and thus protect the public health of area residents.

In response to the 9/11 attacks on the World Trade Center, CDR Welsh served on ATSDR's rapid assessment team and was deployed to New York City where he served as Public Health Advisor to the City of New York. During his short time in the Corps, he has received four individual or unit PHS honor awards, various ATSDR and EPA Awards of Public Service, and Letters of Excellence. He has written 22 public health documents since being called to active duty, and is a current member of the SciPAC. □

Health Services Professional Advisory Committee Presents Awards

CAPT Francis J. Behan Received the 2003 Stanley J. Kissel Award

CAPT Francis J. Behan was awarded the 2003 Stanley J. Kissel Award for Outstanding Health Services Professional of the Year at the Commissioned Officers Association's meeting held in June in Scottsdale, AZ. This award goes to a senior health services professional who made significant contributions and impact on the Nation's health, exhibited leadership in the achievements being cited, and serves as a role model to others.

CAPT Behan was recognized for his exceptional efforts and contributions to the Public Health Service (PHS) Commissioned Corps and the Nation as a practitioner to the underserved, as a Division of Commissioned Personnel (DCP) staffing officer, and as the Director of the Commissioned Officers Training Academy (COTA), DCP.

In June 2000, CAPT Behan was assigned as the Director of COTA, whose mission is to train and inspire commissioned officers to lead by example, promote Corps values, and protect the Nation's health. CAPT Behan was instrumental in having the insight and perseverance to make COTA happen, including spending hours of his own time to initiate the Academy so that he could present his dream as a well thought out program to the Office of the Surgeon General and DCP for funding and support.



(Pictured left to right) CDR Frances T. Gipson, Health Services Professional Advisory Committee Chair; CAPT Francis J. Behan, recipient of the 2003 Kissel Award; and CAPT Linda Morris Brown, Chief Health Services Officer.

As Director of COTA, CAPT Behan is responsible for the development and implementation of training programs, e.g., 5-Day Basic Officer Training Course (BOTC) for newly commissioned officers, the 3-Day BOTC for experienced officers, and the new 12-Day BOTC with Commissioned Corps Readiness Force training, now with emphasis on the ability of commissioned corps officers to respond to

events which might threaten the health and welfare of the Nation.

CAPT Behan also developed the Independent Officer Training Course (IOTC) with specialized Web-based modules to reinforce and expand information covered during BOTC. He introduced the Commissioned Corps Training Ribbon

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Health Services Professional Advisory Committee Presents Awards

(Continued from page 13)

which is awarded to officers who complete both BOTC and IOTC.

In addition, CAPT Behan developed the 1- and 2-Day Basic Orientation for supervisors, managers, and tribal workers, and the 1-day course for officers called to active duty under the Commissioned Officer Student Training and Extern Program. He is currently working on the development of the Advance Officer Training Course.

Prior to the establishment of COTA, CAPT Behan served as a Section Chief in the Officer Development Branch (ODB) in DCP. During this assignment, he had the administrative oversight of 10 project/activities, developed and moderated several PHS Orientation Programs, developed career counseling programs, and provided career counseling services to active-duty officers. He also served the Office of Emergency Preparedness (OEP) with relief activities during Hurricane Georges in September 1998, and, as the lead ODB officer, facilitated and provided support to OEP relief activities during Hurricanes Marilyn and Opal.

From December 1992 to October 1993, CAPT Behan served as a staffing officer in ODB, where he was the principal advocate/liaison officer for active-duty officers and the DCP liaison to the Department's Agencies, Chief Professional Officers, and Professional Advisory Committee Chairs. Throughout his years in DCP, CAPT Behan continuously served the Corps and the profession of optometry through work with the American Optometric Association and as a delegate in the House of Delegates at the Annual Congress representing the Uniformed Services and the Indian Health Service (IHS) Optometry program.

CAPT Behan began his career in the Corps in 1984, where he served as an optometrist and supervised the Optometry Department staff, and later served as the Chief of Eye Services at the IHS Shawnee Service Unit in Shawnee, OK. In 1990, he was promoted to Chief of Optometry in the District Complex at Shawnee.

CAPT Behan has received numerous awards, including the Surgeon General's Exemplary Service Medal, Outstanding Service Medal, Commendation Medal, Achievement Medal, two PHS Citations, eight Unit Commendations, and the Field Medical Readiness Badge.

LCDR Robbin K. Williams Received the 2003 Joseph Garcia Jr. Award

LCDR Robbin K. Williams was awarded the 2003 Joseph Garcia Jr. Award for Outstanding Junior Health Services Professional of the Year at the Commissioned Officers Association's (COA) meeting held in June in Scottsdale, AZ. This award goes to a junior health services professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in their work, and shown involvement in health-related professional or community organizations or activities.

LCDR Williams began her career in 1992 as a dental hygienist with the Indian Health Service (IHS) in Sacaton, AZ, transferred to Whiteriver, AZ, in 1994, and has been stationed at the Claremore Indian Hospital, Claremore, OK, since 1996. She serves as the senior dental hygienist and provides clinical dental hygiene services to a patient population of 93,000. She has been instrumental in organizing and evaluating many clinic and community-based prevention programs and performs additional duties as the Service Unit Dental Prevention Officer.

LCDR Williams' contributions as a dental services officer include: establishing a computerized periodontal maintenance program which increased the services provided to target patient groups; decreasing the waiting time for diabetics who needed annual dental screening; developing and implementing Oral Health Promotion/Disease Prevention programs for the Claremore Indian Health Service Unit; implementing prevention programs throughout the Oklahoma Area and Indian country with other IHS Agencies; assisting in a Fluoride Varnish program targeting children from birth to 5 years of age as part of the IHS Early Childhood Caries demonstration project, reaching over 2,000 children at risk; designing educational interventions for parents and families on topics such as diet, use of fluorides, proper tooth brushing techniques, and the importance of periodic dental examinations; designing dental educational materials to educate other professionals about the importance of including an oral health assessment as part of well baby exams; assisting in training people from other IHS facilities, Cherokee Nation Women Infant and Children Program, Head Start and Early

Head Start programs, daycare programs, and public health nurses; re-implementing a school-based sealant program; and establishing a Health Promotion/Disease Prevention Committee for the Claremore Indian Health Services.

Over the past 4 years, Lcdr Williams secured thousands of dollars in Health Promotion/Disease Prevention Grant Awards to support a variety of programs, and she serves the community as a Tobacco Cessation Instructor for the American Cancer Society and a Basic Life Support and Automatic External Defibrillator Instructor. She established a hospital blood drive that allowed 55 employees to donate 39 pints of blood to the American Red Cross Blood Bank.

LCDR Williams has received numerous awards in her career including the Commendation Medal, Achievement Medal, PHS Citation, Outstanding Unit Citation, Unit Commendation, and Isolated Hardship Ribbon. In 2001, COA awarded Lcdr Williams the prestigious J.D. Lane Award; in 2000, the IHS Dental Program awarded her the IHS Excellence in Dental Hygiene Award, Senior Category; and in 1997, the Oklahoma City Area awarded her the Oklahoma Area Hygienist of the Year and the IHS Excellence in Dental Hygiene Award. She is a member of several professional organizations, including COA, Oklahoma Dental Hygienist's Association, and the National Dental Hygienist's Association. □

Medical Affairs Branch

Reminder

Active-Duty Officers Should Have Healthcare Claims Sent Directly to the Medical Affairs Branch

In order to avoid confusion and delays in payment, active-duty officers who receive healthcare outside of the military health system should encourage their healthcare providers to send their claims directly to the Medical Affairs Branch, Beneficiary Medical Programs (BMP) Section, at the following address:

Division of Commissioned Personnel
ATTN: Medical Affairs Branch/BMP
5600 Fishers Lane, Room 4C-04
Rockville, MD 20857-0001 □

Nursing Professional Advisory Committee 2003 Awards Presented

2003 Commissioned Officers Association Nursing Awards

The *Lucille Woodville Memorial Award* was awarded to **CAPT Diane Tinker**, a Certified Nurse Midwife with the Indian Health Service (IHS) Phoenix Indian Medical Center in Phoenix, AZ. CAPT Tinker is recognized for her contributions in the field of maternal child health nursing. She established the first independent nurse-midwifery service for the IHS, facilitated the integration of Native American birthing traditions that support cultural values, developed an extensive perinatal education program, and incorporated the midwifery model of care into the Phoenix Indian Medical Center birthing experience.

This award was established in 1988 and is presented annually to a nurse midwife or maternal/child health nurse whose work has resulted in significant contributions to the health and well being of mothers and newborns.

The *Mabel May Wagner Nursing Award* was awarded to **CDR James Sutton** with the Indian Health Service Jicarilla Service Unit in Dulce, NM. CDR Sutton is Director of the Public Health Nursing Program. He is an invaluable asset to his community in the areas of case management of patients with complex chronic illnesses, coordinating care during infectious disease outbreaks, diabetes health education, and developing a special relationship with the Jicarilla elder population. CDR Sutton is recognized for his high quality performance and contributions to improving the health of the Jicarilla Apache people.

This award was established in 1979 and is presented annually to a professional nurse in the Public Health Service (PHS) (commissioned corps and civil service) who demonstrates professional and technical skills and competence raising the quality of nursing, shows evidence of exceptional ability to apply nursing standards of practice, and remains involved as a participant, organizer, or sponsor of continuing education, all while maintaining dedication in helping to accomplish the mission of the PHS.

2003 Minnigerode Award for Nursing Excellence Awards

The *McLaughlin Award for Clinical Services* was awarded to **Ms. Mary L. Bell**, Clinical Nurse Specialist and Infection Control Program Coordinator at

the Indian Health Service Sells Service Unit in Tucson, AZ. Ms. Bell is awarded the *McLaughlin Award* for her extraordinary skill and effort as a clinical nurse specialist and for developing an infection control program at the Sells Service Unit. Her initiatives within the clinics have significantly raised the standard for infection control and the tracking of infectious diseases. Ms. Bell's efforts have an impact on the public health of not only the residents on the reservation but also in the surrounding county.

This award is presented to a nurse clinician who demonstrates outstanding performance over a period of time focusing on the timely and ethical delivery of health care in a direct care setting.

The *Hanzel Award for Administrative Activities* was awarded to **CAPT Holly Ann Williams**, Nurse Epidemiologist with the Centers for Disease Control (CDC) in Atlanta, GA. CAPT Williams is recognized for her outstanding work as the founder and co-chairperson of an international health care initiative, the "Partnership for Social Sciences in Malaria Control" (PSSMC). Her direction of the PSSMC reflects her high level of personal drive, skill in managing a large, international collaboration, and willingness to go beyond expectations. The impact of her leadership has strengthened partnerships between multiple international organizations, has contributed greatly to activities supported by the Malaria Epidemiology Branch at CDC, and addresses the Public Health Service mission to understand and prevent disease through addressing global health problems.

This award is presented to nurse executives demonstrating excellence in leadership resulting in accomplishments affecting their healthcare program, resources, or service.

The *Hasselmeyer Award for Research Initiatives* was presented to **LCDR Lori Bealle Hanton**, Nurse Consultant for the U.S. Marshals Service, Prisoner Services Division, in Washington, D.C.

LCDR Hanton's research at the National Institute of Child Health and Human Development increased awareness of the gap between the actual care and the recommended guidelines for the medical care of those affected by Turner Syndrome. Her survey, questionnaire, and analysis of the data revealed several deficiencies in the medical care of women and girls with

Turner Syndrome throughout the United States. LCDR Hanton's research outcomes will lead to major strides in improving care.

This award is for outstanding leadership resulting in accomplishments in conducting nursing research and clinical investigation, which stimulates the development of new knowledge and practice in nursing and/or the health professions.

The *Petry-Leone Award for Health Promotion and Education* was awarded to **LCDR Tracy Williams**, Family Nurse Practitioner with the Indian Health Service Tsaile Health Center in Tsaile, AZ. LCDR Williams has worked diligently to improve the Women's Health Program at Tsaile Health Center. Her work has involved teaching the women of the Navajo Nation about breast and cervical cancer, STDs, the value of yearly Pap smears and prenatal care. The rate of Pap exams rose from 14 percent to 73 percent. Her constant efforts have resulted in a significant increase in women keeping appointments and obtaining annual exams (representing a tremendous change in acceptance of gynecological examinations).

This award is presented for leadership resulting in excellence in patient/client or professional education, which informs and educates consumers and/or health care practitioners about significant health related issues and promotes healthy lifestyles.

The *Gregg Group Award for Teamwork* was presented to **Ms. Diane Dwyer, Ms. Julia Marders, Ms. Audrey Morrison, Ms. Suzanne Rich, Ms. Joan Todd, Ms. Eileen Woo, and Ms. Sonia Swayze** of the Center for Devices and Regulatory Health, Food and Drug Administration, in Rockville, MD. As a team, this group of nurses has shown superior performance in helping to reduce risks in the use of medical devices through dissemination of safety information to health care providers. This team of nurse consultants established partnerships with clinical, scientific, and regulatory peer review journals and have educated health care providers throughout the world about ways to prevent or reduce patient injury associated with medical devices.

This award is presented to nurse members of a group or team demonstrating noteworthy accomplishments and positive outcomes toward the attainment of the PHS goals.

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Nursing Professional Advisory Committee 2003 Awards Presented

(Continued from page 15)

2003 Publications Awards

RADM Julia R., Plotnick Publications Award for Health/Nursing Policy

Presented to **CAPT Lonna Gutierrez** with the Indian Health Service Phoenix Indian Medical Center in Phoenix, AZ.

TITLE: "Chronic Pain." The purpose of this article is to help clinicians focus on the whole patient and address key issues in treatments and strategies available for chronic pain, while considering some of the common problems and epidemiological profiles presented by patients in the Indian health care system.

RADM O. Marie Henry Publication Award for Clinical Nursing Practice

Presented to **CDR J. Mark Simmerman** with the Centers for Disease Control and Prevention, International Emerging Infectious Program in Thailand.

TITLE: "Advances in DNA Vaccines." This article reviews the public health impact of

vaccines in the 20th century, summarizes immunologic concepts, and updates the status of DNA vaccine development and its impact on clinical practice.

RADM Faye G. Abdellah Publication Award for Nursing Research

Presented to **CAPT Eleanor Schron** with the National Heart, Lung, and Blood Institute, National Institutes of Health in Bethesda, MD.

TITLE: "Quality of Life in the Antiarrhythmics vs. Implantable Defibrillators Trial." This article concludes that the Implantable Cardioverter Defibrillator (ICD) and Antiarrhythmic Drug use therapy are associated with similar alterations in self-perceived Quality of Life (QoL) over 1-year follow-up. Adverse symptoms were associated with reduced self-perceived QoL in both groups, and sporadic shocks were associated with reduced QoL in ICD recipients.

Please Check Your Payroll Address on the DCP Web Site



Officers can view, *but not change*, their current payroll address on the DCP Web site—<http://dcp.psc.gov>—under 'Secure Area,' 'Officer and Liaison Activities.'

Since it is important that officers' payroll addresses be correct, officers should notify the Compensation Branch, *in writing*, of any changes. The Compensation Branch's address is:

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

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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