



# Commissioned Corps BULLETIN

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## Surgeon General's Column

*"We pray for children who are sick from diseases we could have prevented, who are dying from guns we could have controlled, and who are killing from rage we could have averted by loving attention and positive alternatives."*

*—Excerpted from "Prayer for Children" by Marian Wright Edelman, Founder and President of the Children's Defense Fund*

Of the many discussions that have emerged from the Littleton, Colorado, shootings—gun control, violence, the media, and school safety, to name a few—not as much attention has been paid to the issue of teen suicide, which increasingly is becoming a serious public health problem in this country. On average, 85 Americans die from suicide each day, mostly at the hand of firearms. In fact, suicide deaths outrank homicide deaths in this country.

But for young people 15 to 24 years of age, suicide is the third leading cause of death, exceeded only by unintentional injury and homicide. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung diseases combined.

It's no wonder discussions about easy access to firearms for children emerge when tragedies like Columbine High School arise. Among teenagers 15 to 19 years of age, firearm-related suicides accounted for 96 percent of the increase in the suicide rate since 1980. For African American males 15 to 19 years of age, suicide rates have increased 105 percent and almost 100 percent of that increase is attributable to firearms.

But teens and young adults are not the only group troubled by this problem. Although suicide rates among the elderly have been on the decline in this decade, they still tend to increase with age and are highest among white American males aged 65 and older.

To what do we attribute these troubling trends? There's no easy answer. Suicide is a complex behavior usually caused by a combination of factors.

What is key in all of this is the fact that research shows that almost all people who kill themselves have a diagnosable mental or substance abuse disorder or both and that most have depressive illness. Studies also show that the most promising way to prevent suicide and suicidal behavior is through early detection and treatment of depression and other psychiatric illnesses.

We know that risk factors for suicide among older persons differ from those among the young. In addition to suffering from higher rates of depression, older suicide victims are more likely to have been socially isolated, more likely to have lived alone, and more likely to have had a serious physical illness. In addition, they are more likely to have visited their primary care physician in the month prior to committing suicide.

Among the young, risk factors include depression, alcohol or other drug use disorder, and impulsive or disruptive behaviors.

To put a framework around what we know about suicide, we have just completed *The Surgeon General's Call to Action to Prevent Suicide 1999*. This *Call to*

*Action* introduces a blueprint for reducing suicide in the United States. Studies indicate that the most promising way to prevent suicide and suicidal behavior is through the early recognition and treatment of depression and psychiatric illnesses. Using the acronym AIM: Awareness, Intervention, and Methodology, the report focuses on three steps: *awareness*: appropriately broadening the public's awareness of suicide and its risk factors; *intervention*: enhancing population-based and clinical care services and programs; and *methodology*: advancing the science of suicide prevention. The *Call to Action* lists AIM's 15 key recommendations that were refined from the suicide prevention meeting held in Reno, Nevada, last fall. AIM proposes a nationwide, collaborative effort to reduce suicidal behaviors and to prevent premature death due to suicide.

That jointly sponsored meeting is a prime example of a successful public/private partnership and included researchers, health and mental health clinicians,

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## Surgeon General's Column

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policy makers, suicide survivors, community activists and leaders. This was a first-of-its-kind meeting, where the participants gathered to review what is known and yet to be discovered about suicide and its potential responsiveness to a public health model that emphasizes prevention. Agencies and organizations represented included the Office of Public Health and Science, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Indian Health Service, the National Institute of Mental Health, the Office of the Surgeon General, in conjunction with the Substance Abuse and Mental Health Services Administration and the Suicide Prevention Advocacy Network.

As we move forward in developing a *National Strategy for Suicide Prevention*, we recognize the awesome challenge ahead of us and the need for broad-based collaboration. This *Call to Action* points out the need for a commitment from groups across this country—agencies, institutions, organizations, community leaders—to be willing to share the responsibility to help change the mental condition and eliminate the societal conditions and attitudes that contribute to suicide.

And we recognize the need to change attitudes toward suicide. As if the problem was not complicated enough, too often we add to the burden of suicide by blaming the victims and shaming and stigmatizing their families and friends. We must work to change that.

I am optimistic about our progress thus far and what it means for our priority to adopt a new approach to mental health, and I look forward to working with you to answer this *Call to Action* to prevent suicide and suicidal behaviors. Most of all, I look forward to the number of lives, young and old, that will be saved as a result of our efforts.

ADM David Satcher  
Assistant Secretary for Health  
and Surgeon General

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## PHS Honor Guard

In January 1990, the first group of officers equipped with the Public Health Service (PHS) sword that served as an honor guard was constituted to recognize Surgeons General C. Everett Koop and Antonia C. Novello at the Surgeon General's Reception. As a direct result of former Surgeon General Koop's initiative to revitalize the commissioned corps, a standing Sword Honor Guard (SHG) unit was formed with a formal structure for membership and performances.

In 1993, the SHG moved under the sponsorship of the District of Columbia Metropolitan Branch of the Commissioned Officers Association (DCMB-COA), where it has resided since that time continuing to provide ceremonial support on an ad hoc basis.

For nearly a decade, the officers of the SHG have served the PHS with distinction, to enhance its dignity and esprit de corps. During its tenure, the SHG has performed at 53 events in support of the PHS. Participation in the SHG has served to make each member a model officer. Collectively the SHG is a reflection of the diversity within the Corps and it bespeaks of the strength and synergy that is to be achieved through a group effort with a unique membership.

Earlier this year, Deputy Surgeon General Kenneth Moritsugu recognized that the SHG effort remained outside of the aegis of the Office of the Surgeon General (OSG) and, that in keeping with the spirit of revitalization that former Sur-

geon General Koop had begun years before, there was a need to formalize and expand this effort to include a color guard function as well as protocol activities. In considering several options, the leadership of the SHG felt that the best course of action was to formally retire the current SHG, coupled with the announcement of an expanded-role PHS Honor Guard. The official announcement of the PHS Honor Guard was made on June 8<sup>th</sup> at the DCMB-COA Installation Luncheon.

A transition workgroup, composed of volunteers, principally of current SHG members, was formed and charged to develop a plan and strategy for formalizing and expanding the SHG. In response to the charge, the workgroup submitted a draft plan to the OSG. The plan addresses marketing, recruitment, organization, and training as well as other critical issues associated with the transition. The plan is currently undergoing formal approval in the OSG.

The transition of the SHG to the PHS Honor Guard is one of a number of activities that will support a major effort to enhance the spirit of the commissioned corps in the new millennium. Specifically, the PHS Honor Guard will function to serve as a visible example to centralize the command and control of ceremonial and protocol functions within the Corps and PHS, enhance the esprit de corps, and train a cadre of model officers.

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## Standards of Conduct for Active-Duty Officers

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

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

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

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

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## Health Services Professional Advisory Committee Presents Awards at the Commissioned Officers Association's Annual Meeting



(Pictured left to right) CAPT Robert G. Falter, Chief Health Services Officer; RADM Thomas F. Carrato, Presenter of Award; CDR Richard G. Schulman, Awardee; CAPT Larry McMurtry, Social Worker Chair; and CDR Margaret McDowell, Professional Advisory Committee Chair.

### **CDR Richard G. Schulman Receives the 1999 Social Worker of the Year Award**

CDR Richard G. Schulman received the 1999 Social Worker of the Year Award on June 8<sup>th</sup>. He was recognized "For outstanding leadership and contributions to the development of HIV program management and services in the best tradition of the Public Health Service."

Over the past 15 years, CDR Schulman provided national leadership and support for the delivery of enhanced integrated medical and social service systems of care to persons who are HIV-positive through sustained collaborative partnerships with Federal, State, local government, and constituency agencies. By seeking out opportunities to educate other professionals, and by developing meetings that identify the technical assistance needs of grantees in an effort to reduce HIV/AIDS-related mortality, CDR Schulman provided leadership in the development of programming and services for individuals and families with HIV/AIDS.

He currently serves as Senior Program Analyst with the Health Resources and Services Administration's (HRSA) Technical Assistance Branch of the Division of Training and Technical Assistance, a support group for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs within the HIV/AIDS Bureau.

CDR Schulman began his Corps career as a staff social worker at the Public Health Service Hospital in Baltimore,

Maryland, through the Junior Commissioned Officer Student Training and Extern Program in 1975 and returned to the facility in 1976 after graduating with a masters degree in social work. Over the past 23 years, he has served in various capacities in the specialty areas of clinical and administrative social work.

CDR Schulman, a regular corps officer, has received numerous PHS Commissioned Corps and civilian awards including the Commendation Medal, Achievement Medal, PHS Citation, Outstanding Unit Citation, Unit Commendation, and the HRSA Administrator's Citation for Outstanding Group Performance.

### **LT Diane E. Cairns Receives 1999 Joseph Garcia, Jr. Award**

LT Diane E. Cairns received the "Outstanding Junior Health Services Professional of the Year—1999 Joseph Garcia, Jr. Award" on June 8<sup>th</sup>.

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.

Since March 1994, LT Cairns has been a public health analyst in the HIV Primary Care Programs Branch located in HRSA's HIV/AIDS Bureau. She serves as a Federal project officer for Ryan White Title III Early Intervention Services grants and is the sole project officer for

the Ryan White Title III Planning Grant Program. She administers 30 Federal grants totaling more than \$6 million per year. The Congressional Black Caucus appropriated an additional \$3 million this fiscal year to the planning grant program and LT Cairns was selected to develop, market, and implement an initiative that supports HIV services planning in African American communities. LT Cairns conducted all Title III pre-application workshops which assist the public in applying for funding, collaborated in the implementation of the first training program in the Nation for HIV primary care service providers about managed care, produced the first video training package for care providers, and co-authored a publication with a leading AIDS service organization regarding the impact of Medicaid Managed Care on people with HIV.

Previously, LT Cairns served in HRSA's Maternal and Child Health Bureau's Division of Perinatal Systems and Women's Health. In 1992, while earning her undergraduate degree in psychology, she served as a Junior Commissioned Officer Student Training and Extern Program participant in HRSA's Interagency Committee on Infant Mortality. Upon graduating in 1993 with a master of public health degree, she returned to PHS. LT Cairns has been awarded a PHS Achievement Medal and a PHS Unit Commendation.

### **CAPT Ellen M. Hutchins Receives 1999 Stanley J. Kissel, Jr. Award**

CAPT Ellen M. Hutchins received the "Health Services Officer of the Year—1999 Stanley J. Kissel, Jr. Award" on June 8<sup>th</sup>.

CAPT Hutchins is currently Chief of the Perinatal and Women's Health Branch of the Maternal and Child Health Bureau (MCHB), HRSA. She was recognized for her exemplary leadership and accomplishments as a health services officer for a number of HRSA activities designed to improve access and quality to prenatal and women's health services. She oversees a variety of infant mortality reduction initiatives, spearheaded several of the Department's activities in

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## Additional Specialties Approved for Dental Multiyear Retention Bonus Pay

The Surgeon General has approved INSTRUCTION 9, Subchapter 22.2, "Multiyear Retention Bonus," of the Commissioned Corps Personnel Manual (CCPM) authorizing payment of Multiyear Retention Bonus (MRB) to dental officers of the Public Health Service Commissioned Corps for the specialties, terms, and amounts listed in the table on page 5.

The earliest effective date for any contract for this specialty is October 1, 1998, provided the contract request is received in the Compensation Branch of the Division of Commissioned Personnel by September 15, 1999. Additional Special Pay (ASP) contracts will be renegotiated so that the ASP and MRB contracts have concurrent dates. When the payment for the new ASP/MRB contract is made, a collection of the unserved portion of the previous contract will be made.

Letters were sent to dental officers who could be identified as being trained or certified in the above specialties. *If you did not receive a letter by July 30<sup>th</sup> and feel you are qualified for this special pay, you should contact the Compensation Branch immediately at 301-594-2963 (or toll-free at 1-877-463-6327, dial 1, pause, dial 42963).*

The eligibility requirements for MRB are similar for both medical and dental officers. To be eligible for MRB, a dental officer must:

- (1) Be entitled to ASP under 37 U.S.C. 302b;
- (2) Be in pay grade O-6 (CAPT) or below;
- (3) Not be participating in Department of Health and Human Services (HHS)-supported long-term training as defined in INSTRUCTION 1, Subchapter CC25.2, "Extramural Training," of the CCPM;
- (4) Not be serving obligated service pursuant to participation in a HHS-supported scholarship or training program, or not be serving obligated service to HHS by virtue of transfer from another Uniformed Service. However, if the officer has 8 years of creditable service, he/she is eligible regardless of obligation;
- (5) Be eligible to remain on active duty for the specified term of the contract; *NOTE: ASP/MRB contracts will not be processed for dental officers who have or will attain 30 years of active service prior to the expiration date of the contract unless approved for an extension of service beyond 30 years. For example, a dental officer who has 26 or more years of retirement credit will not be permitted to enter an ASP/MRB contract with an expiration date beyond his/her mandatory retirement date. A dental officer will be permitted to renegotiate his/her special pay contract on the anniversary of 26 years of retirement credit in order to provide receipt of the special pays for the remaining 4 years of expected service.*
- (6) Submit documentation of current unrestricted licensure;
- (7) Submit documentation supporting board certification, board certification equivalency, or being fully trained in a dental specialty (specified below);
- (8) Be capable of undertaking the clinical practice of his/her specialty, which may be verified by assignment to a clinical practice billet, by being credentialed to practice at a Federal health care facility, or by being credentialed to practice by a recognized health care facility. If an officer is not in full-time clinical practice, as reflected in his/her billet, the officer must submit documentation of current or planned involvement in clinical practice or in the application of their advanced training skills for the equivalent of 14 days (112 hours) per year. This practice activity must be reflected in the officer's billet if it is completed at a Federally owned facility; and
- (9) Provide information supporting the practice of their MRB specialty in other than Federal facilities. Such outside work activities must be approved in advance by the Operating Division or Program to which the

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## Health Services Professional Advisory Committee Presents Awards at the Commissioned Officers Association's Annual Meeting

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the area of prevention of perinatal substance abuse, and developed and implemented an interagency national initiative between the Substance Abuse and Mental Health Services Administration and HRSA.

Being a national expert in the field of perinatal substance abuse, CAPT Hutchins has been called upon to speak at national conferences and forums; provided extensive technical assistance to the field; helped organize national meetings and conferences to educate and inform the public and key public health groups about strategies to address the

problem of maternal substance abuse; and collaborated on initiatives focusing on this vulnerable population. She is currently co-chair of the Department's workgroup on racial and ethnic disparities in infant mortality, and has numerous publications related to addressing the public health problem of substance abuse as it affects families.

CAPT Hutchins received her bachelors degree in psychology, her masters degree in social work in 1978, a master of public health degree in 1991, and a doctor of science degree in public health in 1995. She received a National Health Service

Corps scholarship in 1977, and was commissioned in 1978. She has been with MCHB since 1986.

While completing her doctoral research, she received the Chenoweth-Pate Fellowship for outstanding achievement. CAPT Hutchins, a regular corps officer, has received the following commissioned corps awards: Outstanding Service Medal, Commendation Medal, Achievement Medal, PHS Citation, and PHS Unit Commendation.

